

CONSIDERATIONS REGARDING THE GLOBAL NEED
FOR A “HEALTH DIPLOMACY”

LUCIAN JORA*

Abstract. There is no going alone solution in a World stricken by a pandemic. Nations must work together and the catalyst of this solidarity could be “Health Diplomacy”. The Covid-19 pandemic succeeded in snatching “Health as a Security Issue” from the pages of IR theory and bringing it into the daily life of the global community and implicitly into foreign policy agendas.

Keywords: *Health Diplomacy, International Relations, Public Diplomacy*

There is a literature that analyses the economic and social effects of early 21st century pandemics (SARS, MERS, EBOLA) in which adjectives such as “serious” or “catastrophic” are generously used. For Covid-19 a new scale of magnitude must be invented because the effects are incomparable with the previous 21st century pandemics. Since 2007, the post-Ebola period and the post-SARS period, the foreign ministers of seven countries have adopted the *Oslo Declaration* by which “Health” was declared a “foreign policy issue of first importance”. The concept of “Health Diplomacy” is new and little integrated into the IR theory and practice, although the practice of providing assistance in the field of health has been around for a long time (in Europe such practices and concerns can be identified since immemorial times (for example sending skilled doctors from a royal court to another). The concept of “Health Diplomacy” most often refer to the way “Health” or health related issues and measures are used to influence, enhance or have some kind of tangencies with the foreign policy or IR. A major crisis affecting the entire world was needed to catapult “Health Diplomacy” in the vanguard of foreign policy and international relations. “Health” however remained a marginal form persuasion and action in the arsenal of foreign policy. Today there are still few states that have a “medical attaché”, a “health problem” or “health emergency” in the diplomatic agenda. Until the beginning of 2020 recent pandemic experience has been limited without significant effects for the world economy and IR

* Scientific Researcher at the Institute of Political Sciences and International Relations “Ion I.C Brătianu” of the Romanian Academy, Bucharest, Romania; lucian.jora@gmail.com.

practice. “Health” related issues have traditionally resided in a “low politics” position in IR, but in recent years, certain health issues have received political attention at the highest level of national and international politics. Before 2020 the “Health Diplomacy” was most visibly active in 2014 during the Ebola epidemic in West Africa when states like China or Cuba but also European countries sent medical teams, protective equipment, mobile laboratories and mobile hospitals¹. Previously a “Health Diplomacy” notable result can be considered the *Global Polio Eradication Initiative* through which a transnational surveillance and information network was created which was later used to eradicate meningitis or yellow fever².

“Health Diplomacy” in a pandemic context may be one of the most effective forms of public diplomacy because it goes directly to citizens, to those who need help or a sign of solidarity and relief. It is the “hand of help” at the right time which under normal circumstances benefits from unconditional visibility (though there are exceptions the most quoted case being the humanitarian aid to North Korea in the mid 90’s). For a country the investments in public or cultural diplomacy actions, the amounts of money and the efforts invested in cultural centres or exhibitions would be useless if under the conditions of major health crisis those are not accompanied by effective actions related to “Health Assistance” whose visibility may be converted into “Health Diplomacy”. A humanitarian flight, a transport corridor left open, a field hospital, the transfer of patients and medical equipment usually counts more than the sum of all the public or cultural diplomacy activities over many years. Also, within the same health crisis gestures interpreted as selfish, malicious, or reproachful can annihilate everything that has been done in public diplomacy terms in many years and with significant efforts and expenses.

”Health diplomacy” may be just another rather pragmatic and selfish way to achieve objectives of foreign policy. In this case the initial intention with which “Health Diplomacy” is initiated and practiced may be an important variable. Probably the “purest” form of “Health Diplomacy” would be the one involving “political neutrality” and the exclusive desire to help those in need without any public diplomacy or propaganda concern. However, in politics and IR the “pure desire to help” may be rare. Even the recent military interventions carried in Iraq or Afghanistan are followed by “Health Diplomacy” as a part of a parallel public diplomacy or soft power intervention addressed to the civilian population beyond “medical reasoning” as such. Among marginalized communities “Health Diplomacy” is supposed to have a much higher impact than any other forms of public diplomacy. For instance, money invested in “Health diplomacy” provides a much higher return in terms of image, influence and persuasion. The public diplomacy effect may be also higher than the medical impact.

“Health Diplomacy” has been practiced between countries in conflict, between rival nations as a way to “relax” relations in order to open some sensitive “political files”. Greece sent medical teams to Turkey affected by the earthquakes in the early

¹ UNDP, 2014, p. 14.

² WHO, 2007, p. 9.

2000s, Cuba offered to send medical teams to the United States in 2005 under the disaster caused by hurricane Katrina³. The help offered by Cuba to the West African Nations during the Ebola pandemic was generous and priceless not only as a political gesture, but also as a significant contribution to the effective management of the crisis⁴.

The concept of "Health Diplomacy" should probably best used in relation to those countries whose aid is disproportionate in relation to the size, or the economic power of the respective country. Talking again about Cuba (the "Health diplomacy" practitioner by excellence) it has a rich history of medical interventions in high risk contexts⁵. In March 2020 the 52 Cuban doctors and nurses arrived in Rome not only with masks and protective suits, but also with Cuban flags in their hands⁶. Surely the 52 doctors and nurses were not a surplus in Cuba, and the medical aid from China or Russia did not come from a surplus of these countries with otherwise very modest incomes in relation to Lombardy⁷.

Beyond the solidarity gesture that is salutary it is believed that health diplomacy can be helpful in opening other files that are otherwise difficult to open under normal conditions. And for those reasons there are not a few commentators agitating conspiracy theories and hidden interests behind "Health Diplomacy". Comments as such are likely to do more harm than good because they contain an appreciable dose of cynicism. The generosity of the aid as such even if often just symbolic should not be questioned, nor should its importance and effect on those who need it more than ever be denied. If this help comes from countries with special economic difficulties then the gesture itself should be appreciated even more, and not diminished or even blamed. Again, I do consider that beyond the conspiracy theory, any kind of help saves lives and is welcomed and should be viewed as a gesture of generosity not as part of a plot or propaganda action.

"Health Diplomacy" appears to be practiced hand in hand with actions of public and cultural diplomacy especially among countries with cultural, political or ideological affinities. For example, this is the case of Brazil, which sent medical aid to Angola, Mozambique⁸. It is easy to notice that those countries are former Portuguese colonies, with linguistic affinities and cultural connections with the largest former Portuguese colony, namely, Brazil. "Health" has the potential to

³ Mary Murray, "Katrina aid from Cuba? No thanks, says U.S. America welcomes foreign help, except from an old Cold War foe", *NBC News*, 14 of September 2005, available online at http://www.nbcnews.com/id/9311876/ns/us_news-katrina_the_long_road_back/t/katrina-aid-cuba-no-thanks-says-us/#.XpW1ucgzbIU, accessed 4 of April 2020.

⁴ Vijay Kumar Chattu, "Politics of Ebola and the critical role of global health diplomacy for the CARICOM", *Journal of Family Med Prim Care*. 2017 Jul-Sep; Vol. 6, No. 3, 2017, pp. 463–467. Available online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5787937/> accessed 3 April 2020.

⁵ Stéphanie Panichelli Batalla, "By sending doctors to Italy, Cuba continues its long campaign of medical diplomacy" in *The Conversation*, 26 of March 2020, available online <https://theconversation.com/by-sending-doctors-to-italy-cuba-continues-its-long-campaign-of-medical-diplomacy-134429>, accessed 4 April 2020.

⁶ *Ibidem*.

⁷ *Ibidem*.

⁸ Nicole Gayard, "Health as niche diplomacy: assessing design and practices of Brazilian health diplomacy at the beginning of the 21st century" in *Revista Brasileira de Política Internacional*, Vol.62, No.1 Brasília 2019 Epub Aug 19, 2019 available online: http://www.scielo.br/scielo.php?pid=S0034-73292019000100212&script=sci_arttext, accessed 4 April 2020.

become in the post-Covid-19 World a first-hand foreign policy tool especially for certain countries. The case of Cuba is a relevant example, medical diplomacy being one of the few areas in which this country can offer medical aid in exchange for political influence with presumably some economic dividends. The Covid-19 pandemic and the practice of “Health diplomacy” related to this has the potential to determine the amplification of the geopolitical influence of certain countries whose organizational capacity and superior management would result in a better control of the epidemic (for example, South Korea, China, Singapore). A country that manages to control and overcome the epidemic is likely to offer a useful dividend in terms of public diplomacy.

“Health Diplomacy” practiced on a continuous and large scale (not just occasionally) can also contribute to the improvement of bi – and multilateral relations in general. The usual personnel diagram in an embassy or consulate – *press attaché*, the *cultural attaché* or the *military attaché* – has to be completed with a “health attaché”. However, so far “health attachés” are a rare position in embassies. I can also consider here the “agents” of health diplomacy which are not only diplomats or medical personnel but also auxiliary personnel, sociologists, psychologists, biologists, educators, communicators, etc.

“Health” is obviously an International “Hard Security” issue considering the potential threats caused by pandemics in the past. Epidemics have caused more victims than all the armed conflicts summed up, even considering them as separate events while most of them majority haunted mankind in waves several centuries. Probably many among the Native American communities killed by smallpox, or influenza, never had the opportunity to even see a European because viruses travel faster than armed forces or colonists. In 1913 during the second Balkan war the Romanian army marched south of the Danube into Bulgaria and although it did not fire a single cartridge, it still had 6,000 victims due to the Cholera⁹. The sights witnessing tens of millions of epidemic victims often have no monuments and are only sporadically mentioned in history textbooks.

The social, economic and political role played by these epidemics in shaping the modern and contemporary world or the IR is still unclear and unexplored. There have been millions of titles written about WWI and very little about the “Spanish flu” that made in 1918 more human victims than the war itself. It is not yet known the “Spanish” Flu virus typology and whether or not it was a SAR. Usually, an epidemic or a pandemic has effects far beyond “public health” ones. There are always economic and military security implications, given increased tensions and competition for resources, increasing mutual disbelief and blame among communities and nations and implicitly among the IR.

The Covid-19 pandemic succeeded in snatching “Health as a Security Issue” from the pages of IR theory and bringing it into the daily life of the global community and implicitly into the foreign policy agendas. The pandemic caught even the most developed countries unprepared to meet medical needs in terms

⁹ Richard C. Hall, *The Balkan Wars 1912-1913: Prelude to the First World War*, London, Routledge 2000, p. 118.

of equipment, personnel, and strategies for timely implementation of social distancing measures. The administrations that had institutional systems specially prepared for this type of situation did well. Singapore, Hong Kong, Taiwan due to both their high density and island character have had functional Strategic Command Centres prepared since previous epidemics that haunted the world over the past two decades¹⁰. Even in these places there were restrictions and rationalizations for equipment such as masks and costumes. For such places (small land masses with a massive population density) a human to human spreading pandemic could mean an epic proportion disaster. Those places are directly interconnected with China (including Wuhan) with significant daily traffic. They moved fast with arrivals screening starting with the end of January 2020¹¹. Moving fast, strict controls and screening at the borders, testing and quarantine seems to have been the success recipe which can be replicated in other places¹².

Saying that "fast moving" and prompt measures are the key factors in contending an epidemic worldwide, measures are needed to strategically adapt industrial capacities to the effects of pandemics. What would that mean in my view? Three decades ago, it was rumoured that in every country in the former Eastern bloc, cigarette factories can be converted to war production in less than 24 hours, manufacturing 7 mm cartridges instead of cigarettes, (cigarettes having, strategically, a diameter similar with that of a Kalashnikov cartridge). Anecdote or real fact, I do not know, but some industrial sectors, some factories can be adapted for the production of specific pandemic equipment in a timely manner (less than one day). Textile factories involved in the fashion and clothing industry, in about 24 hours, might start manufacturing masks and protective suits, vehicle or electronics production units might create facilities to allow the conversion of production towards ventilators for respiratory deficiencies, etc. In the united Europe, these strategic production capacities convertible / adaptable to the pandemic scenario can be located in different member states – provided they can cover the strategic production for pandemic situations of all the member states and beyond. Such capacities are to be subsidized by the state (being part of the strategic security infrastructure). Under these circumstances even in the most developed and highly technologized countries agriculture must be considered a strategic sector. A certain number of farms and productive units must be kept alive through subsidies to ensure a functional level of food production for the situation in which the country would enter into total quarantine. Within the EU, the complementarity of these rapidly convertible sectors in case of a European Union pandemic may have the potential to boost the internal cohesion among member states.

"Thanks" to Covid-19, in the EU "Health" may become a "European domain", just like *Internal Affairs*, *Justice*, and *Cohesion*. Up to the present crisis "Health" – related issues were the competence of national member states, and the cause

¹⁰ Laignee Barron, "What We Can Learn From Singapore, Taiwan and Hong Kong About Handling Coronavirus" in *Time* 13 of March 2020, available on line: <https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>, accessed 3 April 2020.

¹¹ *Ibidem*.

¹² *Ibidem*.

of several procedural issues which obstructed the interventions during February and March 2020. EU did what was possible within its competencies, some fiscal and budgetary measures and a reallocation of EU funds¹³. The *EU Civilian Protection Mechanism* was also visibly active in the repatriation of EU citizens stranded in airports across the World¹⁴. Under these conditions without competencies regarding the health system of the member states is hypocritical to point the finger at EU as the scape goat for the failures of national health systems during the pandemic.

Since the Ebola epidemic (2014), proposals were formulated to create EU “medicine and equipment depots” for emergency situations stored in a Member State with the possibility of being distributed anywhere in the European community space in case of need¹⁵. At the end of February 2020 Italy appealed for help to the European Commission which transmitted further the Italian request to the member states. There was no country across the European Union capable to provide masks and ventilators. Cuba, Russia or China were faster to respond. Some assistance came from the other member states but with a two week delay. For example, on 8 April doctors and nurses from Romania and Norway were sent to Milan and Bergamo by the EU Emergency Response Coordination Centre in an operation financed by EU Civil Protection Mechanism¹⁶. The “price” of delay paid by Italy (and after all by the European Union as such) in terms of human lives but also in economic terms was to be high. And during a fast spreading epidemic two weeks is an enormous amount of time. Even across the EU, the normal diplomatic channels are too bureaucratic and too slow facing a virus which does not care about procedures and diplomatic protocol. “Health Diplomacy” may need faster tracks and simplified procedures than other types of diplomacy in order to be effectively practiced during emergencies.

On 19 March 2020, the European Commission initiated the *rescEU capacity* – “...a common European reserve – of emergency medical equipment, such as ventilators, protective masks and laboratory supplies” to help EU countries face the coronavirus pandemic¹⁷. The Commission finances 100% of the capacity, which is to be hosted by one or several Member States¹⁸. Initially, the EU devoted 100 million euros for such deposits and has already released 10 million for the EU *rescEU capacity* “deposit” which is going to be located in Romania¹⁹.

¹³ Siegfried Mureșan, “Ce fac statele cu sisteme medicale mai vulnerabile, în criza coronavirusului? Un test pentru Uniunea Europeană” [“What are the states with more vulnerable medical systems doing during the coronavirus crisis? A test for the European Union”], interview taken by Magda Jitareanu for *Ziare.com* 19 of March 2020, available online at <http://www.ziare.com/europa/uniunea-europeana/poate-ue-sa-ajute-statele-cu-sisteme-medicale-mai-slabe-sau-fiecare-pentru-el-interviu-1602396>, accessed 14 April 2020.

¹⁴ *Ibidem*

¹⁵ Corina Crețu, quoted by Sabina Fati for *Radio Free Europe Romania* in “Coronavirus în România. Cum a ajuns primul depozit de medicamente al UE să fie la București” [“Coronavirus in Romania. How came the first dug warehouse of the EU to be in Bucharest”], online edition 9 of April 2020, available online: <https://romania.europalibera.org/a/coronavirus-romania-cum-a-ajuns-primul-depoziit-de-medicamente-ue/30543605.html>, accessed 14 April 2020.

¹⁶ EC, 2020.

¹⁷ *Ibidem*.

¹⁸ *Ibidem*.

¹⁹ *Ibidem*.

The measures taken by most governments under the conditions of the 2020 pandemic (including blaming and passing responsibility), unilateral border closure, travel bans, etc. are far from "Health Diplomacy" and international collaboration by any means. Efficient, secure and trustworthy communication channels between governments after mutual consultation, information exchange, appear to have been dysfunctional during February-March 2020. An internationally coordinated effort and more transparency would have been able to limit the effects of the Covid -19 pandemic. National public health problems with pandemic potential go beyond the limits of national sovereignty, and affluent countries can no longer ignore the health-related problems and epidemics affecting other countries even if they are located on another continent. There is always some help available, but most often medical assistance is rather symbolic or insufficient. The symbolic help under the auspices of a Public Diplomacy driven "Health Diplomacy" must be replaced with sustainable development programs and consistent investments, share of expertise and *know how* – in this case, in the health and disease prevention and containment field.

Globalization is not just an economic phenomenon that allows the relocation of manufacturing or polluting productive resources in countries with cheaper labour and more permissive environment legislation. It allows also the fast "relocation" of contagious diseases and creates a dangerous dependency on a global supply chain which may break. In the case of Covid-19, we can see the "ugly" side of *Globalization* and its implications for *economic security*, *health security*, and *social security* with its possible political implications. In the spring of 2020 trade, finance, and travel as the main agents of *Globalization* have stopped. *Globalization* involve outsourcing production capacities outside their own borders with all the security implications in a major crisis situation. The weakness of global trade is tested in the spring of 2020 and many governments are expected to take significant measures to handle this situation in the future as relying too much on a global supply chain proved to be dangerous for national economies. It is expected that after Covid-2019 the various trends of *Globalization* will slow down or even be pushed back.

From an IR point of view, it may also be relevant that (according with the historical experience) the response of human communities is usually different in a pandemic from the response to other natural or manmade disasters (earthquakes, tsunamis, drought, air bombardment etc.). The tendency to isolate and the stigmatization of the "plagues stricken individuals" is the one that prevails, especially if they come from "the outside". Social distancing, movement restrictions, the external "imported" cases, the satisfaction felt by many in seeking the "death of the neighbour's goat" (can be applied to the ruin of business, economic collapse, etc.) and the opportunities that some may see in a "post pandemic order" are not able to create a climate that favours RI and mutual understanding. The historical experience of pandemics abounds in selfishness, stigmatization hate, racism and xenophobia. Under the conditions of a pandemic and in the absence of a viable "Health Diplomacy", tensions in certain parts of the world are expected to increase as a result of mutual stigmatization and conspiracy theories. A global pandemic

is like a “walk into the unknown” which combined with isolation amplifies “fear” among individuals and collectivities. The general fear, frustration, poverty and hunger may result in a societal alienation even in the most developed and “politically mature” societies. The costs of this “societal alienation” if “untreated” by the International System may be higher than the economic damage. Contemporary History also teaches us also that there are political forces which may want to take advantage of the “societal alienation” effects for political gains with potential catastrophic effects. The economic recession due to a pandemic crisis of external origin is the ideal pretext for some regimes to hide their own incompetence, and bankrupt economic policies.

During the post-pandemic period, everything will depend not only on the post-pandemic economic effects but also on the attitude of the international actors and the public opinion behind them. Here, those with the right tools to influence public opinion may have a major responsibility (church, mass media, influencers, politicians, public figures). So far, we have seen that too often the mass media in search of sensational and audience exploits the negative “natural” reactions of individuals. In these circumstances, the practice of “Health Diplomacy” is an indispensable task. However, the practice of any kind of public diplomacy (medical or health diplomacy being a part of it) is hindered by the natural and intrinsic tendencies of both individuals and the political class in pandemic conditions to point “scape goats”, to isolate, to blame. As mentioned above demagogues are expected to amplify what a hysterical electorate wants to hear. A mature and responsible political class and mass media influencers appear in this regard as a necessary precondition for HD practice and effectiveness.

In the context of Covid-19, the “Health Diplomacy” must trigger a coordinated action of the G7, a veritable common political, economic, “Health front” of the world’s largest economic powers. So far, we have not yet seen a meeting in the context of the pandemic that will gather at the same table names like: Donald Trump, Xi Jinping, Indian Narendra Modi, Shinzo Abe, Boris Johnson, Angela Merkel, Vladimir Putin even by video conferencing. During a pandemic the formalism and protocol usually attached to multilateral relations at this level must be relaxed. Going beyond the time-consuming protocol aspects in the context of a pandemic, these meetings must enter into the institutional reflex and routine of these leaders in order to demonstrate to the public that something is being done at the level of those who are most empowered to do something (economic, political, health). The economic impact of the Covid-19 crisis may be amplified by a possible inability of the major global players to put together a common set of measures above and beyond the known political tensions. The virus is immune to geopolitical calculations, image campaigns, electoral years and propaganda actions.

BIBLIOGRAPHY

- Batalla, Stéphanie Panichelli, "By sending doctors to Italy, Cuba continues its long campaign of medical diplomacy" in *The Conversation*, 26 of March 2020, available online <https://theconversation.com/by-sending-doctors-to-italy-cuba-continues-its-long-campaign-of-medical-diplomacy-134429>, accessed 4 April 2020.
- Barron, Laignee, "What We Can Learn from Singapore, Taiwan and Hong Kong About Handling Coronavirus" in *Time* 13 of March 2020, available online: <https://time.com/5802293/coronavirus-covid19-singapore-hong-kong-taiwan/>, accessed 3 April 2020.
- Crețu, Corina, quoted by Sabina Fati for *Radio Free Europe Romania* in "Coronavirus în România. Cum a ajuns primul depozit de medicamente al UE să fie la București" ["Coronavirus in Romania. How came the first drug warehouse of the European Union to be in Bucharest"], online edition 9 of April 2020, available online: <https://romania.europalibera.org/a/coronavirus-romania-cum-a-ajuns-primul-depozi-t-de-medicamente-ue/30543605.html>, accessed 14 April 2020.
- Chattu, Vijay Kumar, "Politics of Ebola and the critical role of global health diplomacy for the CARICOM", *Journal of Family Med Prim Care*. 2017 Jul-Sep; Vol. 6, No. 3, 2017, pp. 463-467. Available online: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5787937/>, accessed 3 April 2020.
- Gayard, Nicole, "Health as niche diplomacy: assessing design and practices of Brazilian health diplomacy at the beginning of the 21st century" in *Revista Brasileira de Política Internacional*, Vol.62, No.1 Brasília 2019 Epub Aug 19, 2019 available online: http://www.scielo.br/scielo.php?pid=S0034-73292019000100212&script=sci_arttext, accessed 4 April 2020.
- Hall, Richard C., *The Balkan Wars 1912-1913: Prelude to the First World War*, London, Routledge, 2000.
- Jones, Catherine M., Clavier, Carole, Potvin, Louise, "Are national policies on global health in fact national policies on global health governance? A comparison of policy designs from Norway and Switzerland", *BMJ Glob Health* 2017, available online <https://gh.bmj.com/content/bmjgh/2/2/e000120.full.pdf>, accessed 13 April 2020.
- Mureșan, Siegfried, "Ce fac statele cu sisteme medicale mai vulnerabile, în criza coronavirusului? Un test pentru Uniunea Europeană" ["What are the states with more vulnerable medical systems doing during the coronavirus crisis? A test for the European Union"], interview taken by Magda Jitareanu for *Ziare.com* 19 of March 2020 available online at <http://www.ziare.com/europa/uniunea-europeana/poate-ue-sa-ajute-statele-cu-sisteme-medicale-mai-slabe-sau-fiecare-pentru-el-interviu-1602396>, accessed 14 April 2020.
- Murray, Mary, "Katrina aid from Cuba? No thanks, says U.S. America welcomes foreign help, except from an old Cold War foe", *NBC News*, 14 of September 2005, available online at http://www.nbcnews.com/id/9311876/ns/us_news-katrina_the_long_road_back/t/katrina-aid-cuba-no-thanks-says-us/#.XpW1ucgzBIU, accessed 4 April 2020.
- Stefănuță, Nicolae, "O veste bună: Uniunea Europeană va avea, în sfârșit, o rezervă strategică de medicamente și echipamente medicale. Poate chiar în România" ["Good news: the European Union will finally have a strategic reserve of drugs and medical equipments. In Romania, maybe"] *Ziare.com* 20 of March 2020, available online <http://www.ziare.com/stiri/vesti-bune/o-veste-buna-uniunea-europeana-va-avea-in-sfarsit-o-rezerva-strategica-de-medicamente-si-echipamente-medicale-poate-chiar-in-romania-1602515>, accessed 10 April 2020.
- UNDP, "Assessing the socio-economic impacts of Ebola Virus Disease in Guinea, Liberia and Sierra Leone – The Road to Recovery", 2014, p. 14, available online: <https://www.undp.org/content/dam/rba/docs/Reports/EVD%20Synthesis%20Report%2023Dec2014.pdf>, accessed 3 April 2020.
- WHO, "World health report 2007, A safer future. Global Public Health Security in the 21st Century", p. 9 available online: https://www.who.int/whr/2007/whr07_en.pdf, accessed 3 April 2020.
- European Commission, "Crisis management and solidarity", 2020, https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/crisis-management-and-solidarity_en/, accessed 14 April 2020.
- European Commission, "Crisis management and solidarity", 2020, https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/crisis-management-and-solidarity_en, accessed 14 April 2020.
- European Commission, "COVID-19: Comisia instituie prima rezervă rescEU de echipamente medicale", 2020, https://ec.europa.eu/romania/news/20200319_resceu_echipamente_medicale_ro, accessed 14 April 2020.