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New Pandemics, Old Politics: Two Hundred Years of War on Disease and Its Alternatives, written by political scientist and Africanist Alex de Waal, is a clarion call to rethink the way in which societies respond to pandemic diseases. De Waal uses historical case studies of cholera, 1918 influenza, and HIV/AIDS to challenge readers to recognise the limitations of the current “war on disease” rhetoric that has dominated pandemic planning and responses since the late 19th century. Using the current COVID-19 pandemic to frame his analysis, de Waal dissects the historical choices which have produced the current policies of mass sequestration, reliance on curative services, and faith that medical technology through vaccination will bring “victory”. But at what price and with what consequences?

In his opening chapter, de Waal stresses the way that politicians claim to use “science” to justify their attempts to control the narrative and maintain public confidence. But scientists, of course, recognise the contingent nature of their knowledge which means their advice is always subject to change. Politicians, however, must act so they turn to the past for policies such as testing and tracing, environmental and household hygiene, and individual, family or community isolation to prevent the spread of contagious diseases.

Starting with the cholera pandemics of the 19th century, de Waal critiques the way that state formation contributed to the development of medical-military modernity that focused on identifying the pathogen while ignoring the social and economic consequences of closing cities and cutting food supplies. Riots and anti-government agitation throughout Europe indicated that many citizens disapproved of such a single-minded focus on disease control. His highly critical analysis of British, French, and German authorities’ treatment of their colonies in India and Africa suggests tragic parallels with the present lack of equitable access to COVID-19 vaccines.

Then he examines western medicine’s failure to prevent, control or cure influenza in 1918–19. Indeed, after a useful discussion of the many theories about the origin of the influenza pandemic, de Waal presents evolutionary biologist, Paul Ewald’s view that the war itself was the perfect breeding ground for this novel pathogen because of the mix of human, animal, and viral movement under horrific wartime conditions. Given the immediate comparison of COVID-19 with the 1918 pandemic, this insight should encourage us to consider the ecological devastation and social inequalities that enable new pathogens to emerge and then spread rapidly.

To counter the undemocratic approach used by most governments to control disease, de Waal uses the HIV/AIDS pandemic and its citizen activists to demonstrate the potential for and dangers to emancipatory public health practice. Starting with the American activists who fought for changes to research protocols that resulted in antiretroviral therapy, de Waal presents the African experience to illustrate how transactional politics with its cronyism and corruption overshadowed the initial liberation that occurred when the disease emerged. Here de Waal reflects on the assumptions western experts make about the stability of African society and a disease crisis. While the leadership may have lost its initial enthusiasm for change, local customs and family ties prevented social collapse and opened opportunities for younger people.

Next, de Waal discusses the late 20th and early 21st century focus on emerging and re-emerging infectious diseases, arguing that SARS in 2003 was the test run for COVID-19 because of its origins in China and the response of the Chinese government. He presents a sympathetic portrait of the WHO under Margaret Chan during the 2009 influenza H1N1 pandemic and stresses that her organisation’s health equity focus was undermined by controversy over the role of the pharmaceutical industry in producing the vaccine. de Waal also points out that from the 1990s, the US Centers for Disease Control and Prevention focused on biosecurity and pandemic preparedness, without broadening their studies to include industrial farming, deforestation, climate warming, and the role of communities in responding to disease outbreaks. As de Waal notes, villages in Sierra Leone and Liberia were better able to handle Ebola virus disease than the larger cities which imposed western disease control measures.

Writing during the first year of the COVID-19 pandemic, de Waal pointedly criticises the British and US governments’ failure to protect their citizens’ health. As he astutely notes, both populist governments had deprioritized their nations and neither was willing to support the WHO. The abrupt lockdowns in Africa, Latin America, and India devastated the poor while authoritarian governments elsewhere used the pandemic to entrench their power. Thus de Waal asks us to consider a new paradigm in which disease is defined as the interaction of host, agent, and environment as embodied in the concept of One Health. Instead of continuing to believe that humans can conquer viruses, he encourages us to develop a democratic approach to health policy that views our experience with COVID-19 as an emancipatory catastrophe. His thought-provoking book presents a convincing argument for an evolutionary-ecological approach to health, disease, and democracy.

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