

CONFRONTING THE 'NEW NORMAL' WITH OLD NORMS: GLOBAL COOPERATION AND HEALTH CHALLENGES FROM A CRITICAL FEMINIST PERSPECTIVE IN THE COVID-19 ERA

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ABSTRACT

The objective of this essay is to delve into the impacts of globalization on cooperative governance structures during the COVID-19 pandemic. Using the ontological critical feminist method, this paper addresses that cooperative governance was hindered by the forces of globalization because of the international governance regime's emphasis on masculine notions of global structures; this emphasis is seen through entrenched hierarchies, neoliberalism, and security in the international system. Critical feminism along with its understanding of globalization are highlighted. Entrenched hierarchies hindered governance during the pandemic, seen through intersectional experiences of racism, upscaling 'universal' health solutions applied to the Global South, and the underrepresentation of women. Neoliberalism illuminates a lack of power sharing and voluntary commitment creating a minimal social safety net. Further, neoliberalism creates a 'fungibility' of women's bodies. Issues in the global security regime during COVID-19 minimized the saliency of cooperative governance through masculine structures of state and security in migration, state-centric security within international institutions creating isolationism, and self-sufficiency reinforcing the Global North and South divide. Throughout this paper, the COVID-19 pandemic from the critical feminist lens is viewed as a demonstration of the inherently masculine assumptions and practices in international politics, illuminating perspectives relegated to the sidelines. By delving into the nuances of global governance from the critical feminist perspective, viewpoints that are hidden because of the intersections of power within the global system will allow the field of international relations to better understand how crises are weathered differently. This allows for the diagnosis of divergences in the global hierarchy, which can create equitable solutions for future crises.

Keywords: *COVID-19, critical feminism, intersectionality, neoliberalism, Global North /South divide.*

THE MYTH OF THE 'NEW NORMAL' IN THE COVID-19 ERA

During the COVID-19 pandemic, common rhetoric echoed throughout the world of having to face a 'new normal'. Addressing this 'new normal' was attempted by cooperative governance structures to confront global health challenges in an increasingly globalized world, leading many to question the efficacy of international governance efforts' ability to combat health crises. This paper argues that COVID-19 demonstrated that the active practices of globalization hindered cooperative governance in the international arena, exemplified through entrenched hierarchies, the expansion of neoliberal governance, and emphases on security, illuminating inequalities from a critical feminist lens. The pandemic exemplified the reinforcement of unequal and highly masculinized structures in the current world order, further disadvantaging and ignoring the feminine view of international politics. First, an explanation of the critical feminist paradigm is provided, followed by an understanding of the forces of globalization from this perspective. Next, globalization's effects on governance efforts hindered by entrenched hierarchies is highlighted. This is exemplified through intersectional stigmatization of COVID-19, 'universal' health solutions applied to the Global South, and women's representation in governance structures. The paper then discusses the effects of expansive neoliberalism enmeshed with globalization and its effects on international institutions, through their voluntary social safety nets and emphasis on economics. The global security regime is then examined concerning international health governance about women's migration in the Global South, state-centric security contradicting cooperation, and protection of state security with vaccine distribution. Each respective section clearly

shows that ongoing international cooperative governance efforts are hindered by the masculinized understandings of global structures, ultimately relegating the feminine view of international politics to the sidelines.

Of the many gendered paradigms present in international relations, specifically those in international political economy, the critical feminist theory stands to identify the shortcomings of cooperative governance efforts in a way that captures the different experiences of global health crises. Critical feminist theories illuminate the importance of intersectionality rather than essentialism, refuting the idea that there is one feminine experience; instead, critical feminist theories underscore the importance of gender's interactions with other facets of positionality such as class, drawing from socialist ideas for example (Kinsella et al., 2020: 153, 154). This strand of the feminist paradigm highlights the importance of marginalized experiences, which can allow for a well-rounded understanding of how world politics operates in different parts of the world (154). Critical feminism views gender as a social construct, which is imbued in social practices, institutions, and positionalities, empowering and oppressing individuals based on how these mediums interpret social constructions of gender (152). Intersectionality as a concept in critical feminism is important, wherein the experiences of world politics is shaped not only by gender, but race, class, or position in the Global North and South hierarchy (Smith, 2018: 2). The critical feminist perspective combines understanding of constructions of identity with the real-world experiences of these constructions, emphasizing the importance of how masculinity and femininity are perceived.

Globalization is broadly defined as "... a historical process involving a fundamental shift or transformation in the spatial scale of human social organization that links distant communities and expands the reach of power relations across regions and continents..." (Baylis et al., 2020: 539). From a critical feminist perspective, the forces of

globalization that impact international connections dictated by structures and organizations include states, citizens, international organizations, migration, the Global North and South divide, and any accompanying hierarchies of gender existing in these institutions related to the construction of gender (Goldstein and Pevehouse, 2020a). Ultimately, the feminist paradigm generally aims to look at the role of gender within the international system, whether it is implicit or explicit.

THE EFFECTS OF ENTRENCHED HIERARCHIES OF POWER ON EFFORTS TO COMBAT THE PANDEMIC

The creation of widespread entrenched hierarchies through globalization are exposed by the COVID-19 crisis, especially the stigmatization of COVID-19 related to intersectionality. Gender is an important aspect of how women experience global politics that is compounded with racialization and culture, despite the mainstream discourse positing ideas of gender blindness (Flores Sanchez and Kai 2022: 380; Waylen 2004: 572). A resurgence in anti-Asian racism during the COVID-19 pandemic echoed similar sentiments as both the SARS epidemic and historic anti-immigration sentiment, escalating the public's fear and scrutiny towards Asian people (Balintec 2022; Zhou and Coleman 2016: 293). This rhetoric manifests itself in hate crimes globally, as seen in Canada in 2021 where racist hate crimes against Asian Canadians increased by 47% from 2020; the majority of complaints in this data were submitted by women (Balintec 2022). This shows the inextricable link between race and gender for Asian women, as their race and gender makes them more susceptible to hate crimes because of the marginality they face as Asian women; misogyny and racism come together to create a risk factor that is unique to Asian women. The hierarchies within international politics made pervasive by globalization hinder global governance's ability to protect the most marginalized because of the value placed on their livelihoods. Institutions like the World Health Organization (WHO) contain

neutrality to them because of the nature of their mandates as a result of globalization, wherein action cannot be taken to combat issues like intersectional struggles. All member states in the WHO for example must conform to the same goals made pervasive by globalization as the international 'standard', which results in institutional cooperation falling victim to pressure from member states with minimal transparency (Vilbert, 2021: 16). The compounding of both race and gender for Asian women puts them at an increased risk of susceptibility to hateful rhetoric that is not stopped or condemned by international organizations, as they have a neutrality to them that does not account for dimensions of positionality. The impacts of the COVID-19 pandemic were felt differently socially by Asian women, and cooperative governance efforts like the WHO were not used to mitigate some of the adverse effects of hateful rhetoric; instead, the problem was allowed to develop and manifest itself in domestic politics, relegating the problem to low politics. The hierarchy of race and gender displays a masculine view of international politics, only considering the masculine experience for the sake of 'neutrality', despite hierarchies reinforced by globalization not viewing everyone as such.

Within institutions as an agent of globalization, COVID-19 expresses the shortcomings of 'universal' solutions to health challenges exemplified by women's experiences in the Global South. As a force of globalization, the WHO and the UN both fail to provide equitable health governance through entrenched hierarchies of class, gender, race, and status in the Global South. For example, policy at the global level focusing on minimal social services greatly affects access to healthcare, making it accessible almost exclusively for upper-class women (Waylen 2004: 566). However, the UN has stated the importance of equitable resource distribution for the virus through upscaling of governance efforts to aid remote communities in combating COVID-19, especially for women who have less access to knowledge regarding healthcare; despite this claim, upscaling efforts do not happen in practice (UN

2022). Through the intersection of inequitable resource distribution and positionality, access to crucial health services administered by cooperative governance is limited for women in the Global South. This is because of their status, according to 'importance' in the global system. Ideals for universal solutions do not translate for women in the Global South. This ideology is imbued in international organizations of cooperation only when it is beneficial or when a member state has the resources to contribute. Masculinity is seen in voluntary contributions through the idea that donations to the collective good are only important if they do not impact the strength or prowess of the state itself, ultimately showing the "protective" nature of constructions of masculinity in the international system. The masculine structure here is exemplified by a lack of consideration of an intersectional approach and the attempts to universalize the experiences of health challenges instead of a critical analysis of the impacts of the COVID-19 pandemic. Generalization of the different experiences regarding global shocks exemplifies a gendered idea of power because women's intersectional experiences are levelled with men, despite not possessing as much power as men in the international system.

The underrepresentation of women in international institutions in an increasingly globalized world represents the lack of communication of women's needs in international governance, especially significant during the COVID-19 pandemic. International politics mimics the private and public distinction present in domestic politics, ignoring the presence of women in the international arena (Goldstein and Pevehouse, 2020b). Representation of women's interests is not equitable with men (2020b). Further, 11 out of 31 members and advisers for the WHO's Emergency Committee on COVID-19 were women (Bourgeal, 2021). On a disaggregated level, women migrants were not part of the Gulf Cooperation Council (GCC) decision-making processes related to COVID-19 and were the first demographic group to be abandoned by the emergency response support system (Ansar, 2022:

40). In both a general and intersectional sense - breaking down by just gender and a facet of positionality such as migrant status - supranational structures fail to include women on a level that is conducive to their needs. This lack of representation in major decision-making reflects entrenched ideas of women's place in society. This displays the distinction between private and public spheres, as well as women's perceived place within those spheres. In other words, women's voices are relegated to the private sphere because that is where society places them. Global governance reinforces and reproduces this narrative. With this distinction, a masculine view of structures is reinforced twofold, by way of the value placed on women's contributions and the exclusion of women from important decision-making processes. Hierarchies are further exposed by the positionality of women whose voices are partially included, as women as an aggregate are supported in the WHO, but migrant women who deal with the compounded effects of race and gender are not included at all. The lack of inclusion of women reinforces the idea that their positionality is not valued as an important aspect of dealing with the COVID-19 pandemic, and as such are abysmally included or not at all.

NEOLIBERAL INSTITUTIONS' FAILURE TO CONSTRUCT AN EQUITABLE COVID-19 SOCIAL SAFETY NET

Institutions as agents of globalization are imbued with neoliberal logic due to the accelerated flow of ideas, resulting in a disjunction between the goals of a global safety net and neoliberal foundations of international institutions as exemplified by COVID-19. Neoliberal logic within institutions is the inherent favouring of market fundamentalism, where the market is the driver and source of all collective good, placing large emphasis on economic outputs and growth (Chorev, 2013: 629). A shift occurred in the structure of the WHO during the advent of neoliberalism, where the WHO became dependent on member states through voluntary monetary support (637).

As such, the WHO must conform to the needs of its donors (637). This shift is displayed by the minimal amount of global cooperation during the COVID-19 pandemic in international clinical trials, important tools to combat virus spread like Personal Protective Equipment (PPE), and vaccine distribution, leading to a minimal framework of global cooperation despite the promise to create and reinforce it when a crisis occurs (Fraundorfer and Winn, 2021: 6; Papamichail, 2021: 474). The reliance on voluntary instead of mandatory donations to global health government institutions like the WHO as a force of globalization shows an international commitment to a limited social safety net, reflecting neoliberal principles of a limited state. The neoliberal shift resulted in a very disjointed global response to COVID-19, and the lack of resource pooling reflects the neoliberal idea of limited governmental help at the international level. Each state instead of cooperating in an institutional framework that is supposed to benefit all will contribute what is seen as necessary to keep the institution running, creating a very limited version of an international social safety net. In this case, neoliberalism is expanded to the global level in international institutions which are supposed to create an equitable playing field. Connecting masculinity and neoliberalism in international relations, feminism views the traditional understanding of international relations as that of men, empowering the masculine through constructions of it being rational, powerful, and associated with the public sphere (Ali, 2023: 6; Smith, 2018: 2). Neoliberal ideas contribute to a lack of care, demonstrating a very masculine global governance effort of reserving wealth and power only within state borders, instead of a cooperative effort to aid others in need. As such, the creation of international cooperative institutions is hindered by expanding neoliberalism because ideas of neoliberalism directly contradict cooperation; instead, everyone - or in the international case, every country - must fend for itself. The unequal structure of states attempting to cooperate and aid each other with limited resources and money cannot address inequalities between countries, as some need global governance

structures for resources. The lack of power-sharing reflects a masculinized view of world politics because of the restrictive view of aid to the public sphere in a 'rational' manner by only giving what is deemed appropriate or projects the greatest image for a state. This reinforcement of neoliberal ideas is imbued in international institutions as an agent of globalization despite the promise of an institutionalized global safety net.

Looking inwardly at international institutions, the emphasis on economic interests within the global network of policies that are widespread as a result of institutional mandates is shown to have adverse effects on women, displayed by the fungibility of women in the COVID-19 healthcare workforce around the world. One of neoliberalism's focuses is market fundamentalism, and as such global policy created by international institutions focuses on minimal governance, ultimately affecting women's access to healthcare and social services (Waylen, 2004: 566). Women are not protected by policy and were especially affected at the height of the pandemic, making up almost 70% of the healthcare frontlines resulting in higher exposure rates to the virus (OECD, 2020). Essential workers in this sense have a 'fungibility' to them, only contributing their services and bodies to service the larger capitalist system and eventually being replaced by others due to the high risk incurred as frontline workers (Flores Sanchez and Kai, 2022: 385). This disposability of women's bodies through fungibility in a workforce highly saturated by racialized and gendered people commodifies their bodies through deaths and infections (385). The force of globalization in neoliberal international governance reinforces hierarchies of inequality, creating higher risks for marginalized women, mostly low-income racialized women. The feminine view of international politics is ignored by governance ignoring women's needs, and instead treating their work and bodies as commodities that can be disposed of and used for the benefit of the greater good. Instead of protecting women as valuable assets, neoliberal governance at the international level ignores the high risk incurred

by racialized, low-income women working to fight the pandemic. By treating women in the healthcare workforce as expendable, neoliberal ideas within the hierarchy of intersections of identity became more apparent during the pandemic, as expendability for the sake of power and state survival presents a uniquely masculine view of global governance. The lack of policy protection on a global level ignores the unique and intersectional needs- being the high risk nature of work being done by racialized women - on the frontline of the pandemic, instead focusing on workers as inputs in a larger system of capitalism.

THE EMERGENCE OF A MASCULINISED GLOBAL HEALTH SECURITY REGIME

Women's migration as a force of globalization exemplifies the masculine structure of both the state and security, ignoring women's needs on an intersectional level during the COVID-19 pandemic. Migration on the international level is an important force of globalization which has often been ignored, focusing solely on the flow of finance and goods instead of people (Ansar, 2022: 34; Waylen, 2004: 563). Women are a large portion of migrants, and were significantly impacted by measures instituted by host countries for the sake of security; for example, women migrants were excluded from the pandemic response in GCC countries, effectively disqualifying them from protection against COVID-19 (Ansar, 2022: 37). Countries also attempted to place blame on migrants, and in the case of Bangladesh in March 2020 returnee women migrants were blamed for the first reported COVID-19 case (38). The emphasis on security by states in the international system against a force of globalization, migration, hinders the ability of women disadvantaged in multiple forms- being racialized women disadvantaged within their own country tied because of class and Global South migrant status - to self-determine in a highly masculine view of the world. The securitization efforts against women migrants shows a certain view of self-sufficiency that states conduct their affairs with, leaving women to fend for themselves in a system that values protection against the unknown instead

of cooperation. Despite the opening of borders through globalization, the empathy towards those who are most marginalized is shirked away, and instead, protection against the unknown is reinforced through scapegoating migrants who are already at a disadvantage in the pandemic. The value structures within the migration regime emphasize 'desirable' migrants, leaving those that are deemed 'undesirable' to face global health challenges without the assistance needed to survive. By only choosing migrants that are desirable to the social conditions of the state and that reinforce the security of it, rejection of women migrants is inherently masculine; choosing people based on their conformity to essentializing and hegemonic ideals of what it is to be a 'good' citizen contributing to the strength of a state reinforces masculinity within ideas of security.

State-centric security within international organizations' foundations contradicts the very idea of cooperation on the global level, revealing the masculinized nature of self-sufficiency and isolation during the COVID-19 crisis. The WHO and the European Union (EU) both approach governance based on the securitization of health, viewing health challenges as threats to the state's national security (Fraundorfer and Winn, 2021: 8; Zhou and Coleman, 2016: 295). The dominant approach to pandemic response and preparation is intragovernmental and state-centric, serving as a disjunction between global health challenges and the response catered to state needs only (Fraundorfer and Winn, 2021: 10). For example, as of late March 2020, restrictions on the flow of people between and within the majority of EU states had been established in Europe, dividing member states from one another (12). Within international organizations as a force of globalization, such as the EU and the WHO, cooperative governance fails because of masculinized understandings of security, reinforcing isolationist ideas in times of crisis. In the discipline of international relations, the very definition of security is not broadened to include gendered concepts for fear of a lack of theoretical saliency or creating 'utopian' ideals of security that cannot be translated

into policy (Hoogensen and Rottom, 2004: 158). Positive connotations associated with security and femininity, such as 'freedom from fear', are predominantly not used, and instead phrases like 'absence of threat' make up foundations of security. (156). Without a well-rounded understanding of what security actually means from an inclusive standpoint, international institutions will always default to the masculine practice of security because of their theoretical underpinnings. The idea of negative connotations, an 'absence of threat', shows how cooperation is not a priority in dominant definitions of security. In turn, this narrow understanding of security prevents attempts to come together by having a masculine understanding of how personnel and ideas flow within supranational institutions, and instead the entrenched ideas of state-centricity hinders member states' ability to cooperate. Effectively, this leads to a disjointed response to crises as seen in the EU during COVID-19, leaving each state to fend for itself because of theory reinforcing entrenched masculine practices. The closing of borders displays that EU member states did not want to attempt to cooperate because of the understandings of security imbued in institutions, despite the mandate of the institution being at ease regarding the flows of commerce and people. By allowing dominant ideas of security to persist instead of integrating other perspectives, the only security that exists is one that has inherently masculine assumptions, inhibiting cooperation.

The protection of state security related to vaccine distribution reveals a lack of cooperation in an increasingly globalized world related to ease of transportation of ideas and resources, displaying masculine ideas of self-sufficiency negatively impacting the most marginalized women. The securitization of global health security policy does not address how gender is implicated in disease surveillance and responses (Papamichail, 2021: 471). Views of securitization were evident in the response to COVID, as the urgency in vaccine rollout was displayed in the billions of euros and US dollars used to create vaccines for individual countries

(Fraundorfer and Winn, 2021: 9). Countries that experience insecurity, for example, the Democratic Republic of the Congo, ran the risk of falling behind on vaccine equity due to conflict within the country, creating inequities tied to postcolonialism when it comes to vaccine distribution (Papamichail, 2021: 477; UN, 2022). Women in countries in conflict generally are at a greater risk of falling behind, as healthcare services are less accessible in conflict hotspots (UN, 2022). The emphasis on security reinforces existing systems of Global North and South divides, especially relating to conflict and the people implicated in it. Security for states interferes with the ability of international institutions like the WHO and UN to provide necessary combatants against the coronavirus because countries are unwilling to share resources and knowledge with other states, let alone states in conflict. Ultimately, this masculinized version of security affects women in areas of conflict, as other states in international bodies are unwilling to intervene and cooperate, affecting the most marginalized. Gender is an important factor that is not often considered in vaccine distribution, especially related to women in areas of conflict, ultimately reinforcing masculine ideas of self-sufficiency in times of crisis. This appeals only to those who fit within the global hierarchy of security, the Global North, and states with the ability to fund vaccine creation; the unwillingness to share resources in times of need compounded with conflict exemplifies the isolationist ideas present in cooperative structures.

CHALLENGING IN PRACTICE THE 'REAL NORMAL' PARADIGM OF POWER, PRIVILEGE, AND PANDEMICS

The COVID-19 pandemic displayed the obstacles created by globalization impacting global health governance, demonstrated through entrenched hierarchies, the expansion of neoliberal governance, and emphasis on security, revealing inequalities at the global level from a gendered lens. The pandemic reinforced enduring unequal and highly masculinized

structures in the current world order, further discounting the feminine view of international politics. Forces of globalization affected governance through entrenched hierarchies, displayed through intersectional stigmatization of COVID-19, 'universal' health solutions applied to the global South, and representation of women in governance structures. Expansive neoliberalism implicated with globalization affected international institutions through neoliberal emphases on global safety nets and economics, impeding cooperative governance. Migration in the global South, state-centric security as a contradiction to cooperation, and vaccine distribution regarding the protection of state interests all encompass ideas of the failings of health governance in a globalized world that prioritizes an imagined global security crisis over the real health needs of millions of human beings. Within all of the component forces of globalization such as international institutions, states, migration, citizens, and the Global North and South divide, masculinized structures are revealed to impact the expression of the feminine view of international politics, instead reifying the importance of the masculine view over the female experience. Despite claims throughout and near the end of the pandemic, the 'new' normal is not a phenomenon occurring at all; in fact, the 'new' normal is simply a view of the world further clarified for those who are the most marginalized, and illuminated for those who had the luxury of never experiencing the 'real normal' that those at the bottom of the global hierarchy are forced to go on living with on a daily basis.

This paper aims to be a tipping point for further research into the barriers constructed by institutions imbued with globalized notions of masculine power, and the impact those barriers have on various positionalities. The critical feminist approach in this paper emphasizes intersectionality, and although much of the research included scholarship from the Global North and South, further steps should be taken to create parity between different scholarly works, and in turn highlight the experiences stemming from those positionalities generating that

work. The global system is complex, and with that comes complex identities, ultimately creating space for research into intersectional experiences of migrant, racialized, and impoverished women in the Global North and South. Further research should be done to shed light on these various positionalities, not only in isolation, but how they work in tandem with one another in real time rather than in scholarship only, displaying how privileging one group and marginalizing another impacts how challenges like health pandemics are faced. Marginality and privilege are bound together frequently, and should emphasize above all how experience matters to constructions of power. Critical feminism exists within the confines of the labels the constructed world exists in, and should not be taken as the end analysis of the feminine experience. Using various feminisms as a gateway to acquiring the best knowledge of how power and privilege interact can help create equitable solutions for the future. Ultimately, critical feminism is a starting point to feminist analysis, and true equitable analysis and solutions can only be reached through the interconnections of feminisms and other critical paradigms.

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