

# Beyond COVID-19: Africa and the future of global health governance

Obijiofor Aginam gives an overview of what global health governance is and what it is likely to look like after the pandemic

Global health literature is replete with seminal works that explore the porosity of territorial boundaries of nation-states to the menace of emerging and re-emerging infectious diseases. As often stated, pathogenic microbes do not recognise the geo-political boundaries of countries neither do they respect the sovereignty of nation-states. Unlike humans, disease pathogens do not carry national passports that identify their country of origin. The globalisation of public health postulates that state sovereignty is an anachronistic concept in the microbial world. As Nobel Laureate Lederberg and Brundtland have postulated, the globalisation of the world political economy that is driven in complex ways by the transcontinental movement of people, goods and services has also globalised disease and allied microbial threats across nation-states and societies. Notwithstanding the emergent paradigm of the globalisation of public health, contemporary global health governance policy frameworks remain largely nationalistic, protectionist, and isolationist often driven by hard-nosed realism. Drawing on the lessons thus far from the global response to COVID-19 pandemic, this article articulates an African perspective on global health governance in an inter-dependent world where national, regional, and global health policies are shaped by the realpolitik of strategic interests of states and influential non-state actors.

Governance, albeit often contested,<sup>1</sup> is generally accepted to refer to the 'processes and institutions, both formal and informal, that guide and restrain the collective activities of a group'<sup>2</sup> or the 'many ways individuals and institutions, public and private, manage their common affairs.... a continuing process through which conflicting or diverse interests may be accommodated and co-operative action may be taken'.<sup>3</sup> Governance is not synonymous with Government; neither does it necessarily derive its legitimacy from a formalised governmental authority.<sup>4</sup> Governance involves diverse and multiple public and private actors including nation-states, private firms, civil society, and nongovernmental organisations (NGOs).

While nation-states remain the most important actors in world politics, global governance in contrast to the classic international governance, 'views the globe as a single place within which the boundaries of the interstate system and nation-state have been eroded. ...

The processes and mechanisms of global governance are diverse, as are the actors and structures that participate in them.<sup>5</sup> Global health governance refers to the 'use of formal and informal institutions, rules, and processes by states, intergovernmental organisations, and nonstate actors to deal with challenges to health that require cross-border collective action to address effectively'.<sup>6</sup> To effectively address newly emerging and re-emerging health issues in an age of globalisation, we need to re-design a governance architecture that aligns the strategies and interests of all the relevant actors: nation-states and international organisations, and a collection of non-state actors: civil society, non-governmental organisations, business and corporations, and philanthropic foundations. Stressing the complexity of the governance architecture for global health, Zacher and Keefe observed that, 'contemporary global health governance is complicated and messy; it is comprised of numerous and varied actors with competing values, interests and motivations'.<sup>7</sup>

COVID-19 including the availability and global distribution of vaccines and tools to control the pandemic has implicated the interests of the varied actors in global health governance. What then is the place of Africa in this complicated and messy global health governance architecture? How best can the interests of 1.3 billion Africans be served in a time of global pandemic like COVID-19? To answer these questions, we need to articulate an African perspective on global health governance.

## The globalisation of public health

The 'globalisation of public health' refers to the cumulative impact of the cognitive, spatial, and temporal dimensions of global interdependence on public health across the transcontinental distances that separate different regions and societies across the world.<sup>8</sup> The globalisation of the world's political economy creates opportunities for disease pathogens to travel transcontinental distances with the speed of a jet. With the huge volumes of goods and services traded across nations daily, the hundreds of millions of people crisscrossing the borders of countries on board the aircraft, globalisation offers global superhighways to pathogenic microbes. Although travel and human movements have historically led to the spread disease across societies,<sup>9</sup> the 21st century globalisation has added new dimensions to this age-old phenomenon. According to the UN World Tourism Organisation (UNWTO), 'over one billion tourists traveled internationally in 2012',<sup>10</sup> and this is estimated to hit 1.8 billion by

Obijiofor Aginam, PhD, a Nigerian-Canadian legal scholar, is Principal Visiting Fellow & Head of Governance for Global Health in the United Nations University-International Institute for Global Health, Kuala Lumpur, Malaysia.



2030. The globalised nature of newly emerging and re-emerging infectious diseases in an inter-dependent world has shattered the embedded orthodoxy of the distinction between national and international health problems. As Bruntland observed about two decades ago ‘in the modern world, bacteria and viruses travel almost as fast as money. With globalisation, a single microbial sea washes all of humankind. There are no health sanctuaries.’<sup>11</sup>

### Pandemic politics

Given its rapid worldwide spread and severity, WHO declared COVID-19 a pandemic on 11 March 2020, and called on all countries to ‘take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimise impact’. Globally, as of 22 October 2021, there have been 242,348,657 confirmed cases of COVID-19, including 4,927,723 deaths, reported to WHO.<sup>12</sup> Although the African Region so far has the least number of reported cases and deaths, there are compelling reasons for an urgent reassessment of Africa’s response and preparedness to COVID-19 and future pandemics. First, COVID-19 pandemic is not simply a health crisis. It is a developmental crisis that threatens to scale back gains made by most Low- and Middle-income Countries towards achieving the Sustainable Development Goals (SDGs). In February 2021, Global Development of The Guardian stated that ‘two decades of progress in the reduction of extreme poverty, the elimination of which is one of the sustainable development goals, have been pushed into a sharp reverse by a combination of the impact of the Covid-19 pandemic, the growing climate emergency and increasing debt’.<sup>13</sup>

Another compelling reason to reassess Africa’s response and preparedness is the ‘betrayal of trust’<sup>14</sup> driven by limited access and availability of COVID-19 vaccines in Africa, a scenario that has been variously characterised as vaccine protectionism, vaccine nationalism,<sup>15</sup> and vaccine apartheid.<sup>16</sup> Vaccine protectionism is a conscious effort by industrialised countries to stockpile vaccines and fully vaccinate their populations before sharing vaccines with the Low- and

Middle-income Countries (LMICs). It is an isolationist policy that reechoes the fourteenth century practice of *cordon sanitaire*, an effort to insulate a healthy society from an unhealthy one to prevent the importation of disease. Vaccine protectionism draws parallels with *cordon sanitaire* practiced by the ‘civilised’ world between the fourteenth and nineteenth centuries with the sole motivation of protecting civilised Europe from the exotic disease and pathogens that emanated from the uncivilised non-European societies.<sup>17</sup> The present North-South health divide conjures images of a systemic exclusion of the uncivilised from the dividends of global public goods for health in a time of unprecedented global pandemic.

### COVID-19 and beyond: A postscript

If infectious diseases will ‘surely remain as one of the fundamental determinants of human history’, it is pertinent to assess the response capacity and preparedness of African countries to the morbidity and mortality burdens of newly emerging and reemerging infectious diseases; and if governance responses to disease has been efficient and fair across the developing world, especially Africa. Africa has remained at the peripheries of global health governance from the nineteenth century public health diplomacy to the present-day global health diplomacy (driven by networks of global interdependence). There has always been a conscious effort by the industrialised world to create a health sanctuary, a *cordon sanitaire* that seeks to maximise the health security of their populations. As the politics of access to COVID-19 vaccines has proven, one objective of this *cordon sanitaire* is the prioritisation of the health of the populations of the industrialised world over those of the LMICs. In this embedded orthodoxy, Africa remains a conspicuous victim of the inequities of vaccine apartheid.

To address this ‘fatal imbalance’ in contemporary global health governance, I propose three non-exhaustive policy pathways for African countries:

- (1). They should urgently align their health, trade, and foreign policy interests towards a coherent and pragmatic global health diplomacy framework that underscores the inexorable linkages of corporate interests driven by intellectual property regimes (patents) and public health. Several policies outside the health sector have a significant impact on health. Lessons from the late 1990s have shown how trade-related intellectual property policies impeded access to antiretroviral drugs for HIV/AIDS. Building on these lessons, it is commendable that on 2 October 2020, South Africa aligned with India to officially request the World Trade Organisation (WTO) to allow all countries to choose to neither grant nor enforce patents and other intellectual property (IP) related to COVID-19 drugs, vaccines, diagnostics, and other technologies for the duration of the pandemic, until widespread vaccination is in place globally, and most of the world’s population has developed immunity. African countries should now and in the future actively engage this trade-driven global health governance architecture where the strategic interests of leading industrialised countries and

influential corporate entities intersect.

(2). They should devise ingenious ways to maximise the public-private partnership opportunities in bilateral investment schemes to develop and sustain partnerships and local capacities for production of drugs, vaccines, and related tools for emerging and reemerging diseases. Specifically, on vaccine production for COVID-19, a few African countries have positioned themselves as good candidates for sustainable vaccine production. As widely reported in literature, Aspen Pharmaceuticals, a South African company is now producing the Johnson and Johnson COVID vaccine. Algeria is producing Russia's Sputnik V vaccine and Chinese Coronavirus (SinoVac) vaccine. Senegal, Rwanda, and Egypt have developed local capacities to produce at least one ingredient needed for vaccine production leading to credible speculation that BioNTech is considering producing mRNA vaccine in those countries.<sup>18</sup>

(3). They should urgently prioritise Research and Development (R&D) funding and investments and jointly partner with Africa Centres for Disease Control and Prevention (Africa CDC) to capitalise, fund, and sustain a Pan-African regional biotech hub. In line with the mission of Africa CDC to 'support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats', prioritising R&D funding would most certainly usher in a 'new era of vaccine sovereignty'<sup>19</sup> in Africa.. It is simply too risky during a global pandemic to subject 1.3 billion African lives to a donor-driven vaccine facility like COVAX that is largely dependent on charity and voluntary donations.

In conclusion, because Africa has historically been on the peripheries of the international system, the task of articulating a coherent African perspective on global health governance must confront the embedded interests and structures of the system that privilege the most powerful states and non-state actors. We must recognise the simple but age-old fact that public health is not just about disease. Health, in the global arena, is politics. In the 21st century, most activities that significantly influence public health outcomes occur outside the health sector. These health-impacting activities mostly occur in the arena of international economic and trade relations often motivated by the strategic interests of individual countries, and the profit-oriented interests of powerful corporate actors. Any pragmatic African perspective on global health governance during COVID-19 and future pandemics must, among other things, address the health-related impacts of trade and investment regimes often typified by strong enforcement of intellectual property agreements.

## References

- Kelley Lee & Adam Kamradt-Scott, "The multiple meanings of global health governance: a call for conceptual clarity", *Globalization and Health* 2014, 10:28, <https://globalizationandhealth.biomedcentral.com/track/pdf/10.1186/1744-8603-10-28.pdf>
- Robert O. Keohane & Joseph S. Nye Jr., "Introduction", in Robert O. Keohane & Joseph S. Nye Jr., eds., *Governance in a Globalizing World* (Washington: Brookings, 2000), p12.
- Commission on Global Governance, *Our Global Neighborhood: The Report of the Commission on Global Governance* (New York: oxford University Press, 1995)
- James Rosenau, *Along the Domestic-Foreign Frontier: Exploring Governance in a Turbulent World* (Cambridge University Press, 1997)
- Kelley Lee and Richard Dodgson, "Globalization and Cholera: Implications for Global Governance" (2000) 6 *Global Governance*, 213, pp227-228
- David P. Fidler, "The Challenges of Global Health Governance", Working Paper, Council on Foreign Relations, New York, March 2010.
- Mark W. Zacher & Tania J. Keefe, *The Politics of Global Governance: United By Contagion* (New York: Palgrave MacMillan, 2008), p135
- Kelley Lee and Richard Dodgson, "Globalization and Cholera: Implications for Global Governance" (2000) 6 *Global Governance*, 213; Derek Yach and Douglas Bettcher, "The Globalization of Public Health, I: Threats and Opportunities", (1998) Vol.88 No.5 *American Journal of Public Health*, 735-738; Derek Yach and Douglas Bettcher, "The Globalization of Public Health, II: The Convergence of Self-Interest and Altruism" (1988) Vol.88 No.5 *American Journal of Public Health*, 738-741; Gro Harlem Brundtland, "Global Health and International Security" (2003) 9 *Global Governance*, 417; David Woodward, et al, "Globalization and Health: A Framework for Analysis and Action" (2001) 79(9) *Bulletin of the World Health Organization*, 875; David P. Fidler, "The Globalization of Public Health: Emerging Infectious Diseases and International Relations" (1997) 5(1) *Indiana J. Global Legal Studies*, 1.
- Thucydides: *History of the Peloponnesian War*, in 6 *Great Books of the Western World*, (Robert Maynard Hutchins et al. eds., 1952 (suggesting that the plague which devastated Athens during the war originated from Ethiopia and spread through Egypt and Libya before it reached Athens following movement of troops during war); J.N Hays, *The Burdens of Disease: Epidemics and Human Response in Western History* (Rutgers University Press, 1998) pp39-40 (arguing that the path of the Bubonic Plague originated in Central Asia, spread across Asian steppes in the 1330s, was carried by ship from Crimea to Sicily in 1347, and followed international travel and trading routes before arriving in major European sea ports before the end of 1348)
- International Tourism Hits One Billion, UN WTO PR 12076, 12 December 2012, <https://www.unwto.org/archive/global/press-release/2012-12-12/international-tourism-hits-one-billion>
- Gro Harlem Brundtland, "Globalisation as a Force for Better Health", Public Lecture (2001), Centre for the Global Governance, London School of Economics and Political Science, <http://dspace.africaportal.org/jspui/bitstream/123456789/8512/1/Globalisation%20as%20a%20Force%20for%20Better%20Health.pdf?1>
- <https://covid19.who.int/>
- The return of extreme poverty, Global development, "Decades of progress on extreme poverty now in reverse due to Covid", 3 February 2021, <https://www.theguardian.com/global-development/2021/feb/03/decades-of-progress-on-extreme-poverty-now-in-reverse-due-to-covid>
- Laurie Garret, *Betrayal of Trust: The Collapse of Global Public Health* (Hyperion Press, 2000).
- Tedros Adhanom Ghebreyesus, "Vaccine Nationalism Harms Everyone and Protects No One", *Foreign Policy*, 2 February 2021; <https://foreignpolicy.com/2021/02/02/vaccine-nationalism-harms-everyone-and-protects-no-one/>
- Tedros Adhanom Ghebreyesus, World has entered "vaccine apartheid", <https://www.reuters.com/business/healthcare-pharmaceuticals/world-has-entered-stage-vaccine-apartheid-who-head-2021-05-17/>
- N.M Goodman, *International Health Organizations and Their Work* (London: Churchill Livingstone, 1977), p27; N. Howard-Jones, "Origins of International Health Work", May 1950, 6 *British Med. J.* 1032; N. Howard-Jones, *The Scientific Background of the International Sanitary Conferences 1851-1938* (Geneva: WHO, 1975).
- Meera Senthilingam discussed these developments in a recent feature article published in the *British Medical Journal*, "COVID-19: Why Africa's pandemic is different", *BMJ* 2021;375:n2512; <https://www.bmj.com/content/bmj/375/bmj.n2512.full.pdf>
- Robert Agyarko, "A New Era of Vaccine Sovereignty in Africa Beckons", *Mail & Guardian*, 14 April 2021, <https://mg.co.za/africa/2021-04-14-a-new-era-of-vaccine-sovereignty-in-africa-beckons/>. See Obiora Chinedu Okafor, "International solidarity, human rights and life on the African continent 'after' the pandemic", 5 *Strathmore Law Journal*, 1, June 2021, pp217-220 (proposing that Africa CDC and its national counterparts on the continent should do more to ensure the research and development of Africa-specific COVID-19 vaccines that respond better to the diverse but more specific genetic make-up of African peoples).