



Global Health Governance in the Time of COVID-19: Local agency matters

Julius Mugwagwa, UCL STEaPP and GGI



Important Moment for Governance



- **Pandemic continues: ~55million cases and over 1.3million deaths**
- **Trillions of \$s spent on fiscal stimulus packages globally**
- **Billions on vaccines, therapeutics, diagnostics, PPE, among others**
- **Rays of hope for vaccines**
- **Key to explore the complex multisectoral character of governance revealed by the pandemic**

Governance - creation of conditions for ordered rule and collective action.



Governance refers to self-organising, inter-organisational networks characterised by resource exchange, rules of the game, and significant autonomy from the state (Rhodes, 1988).

- This reflection - particular focus on the **self-organising** and **resource exchange** aspects of governance, looking at governance as structures or the processes of coming up with structures (Stoker, 1998).

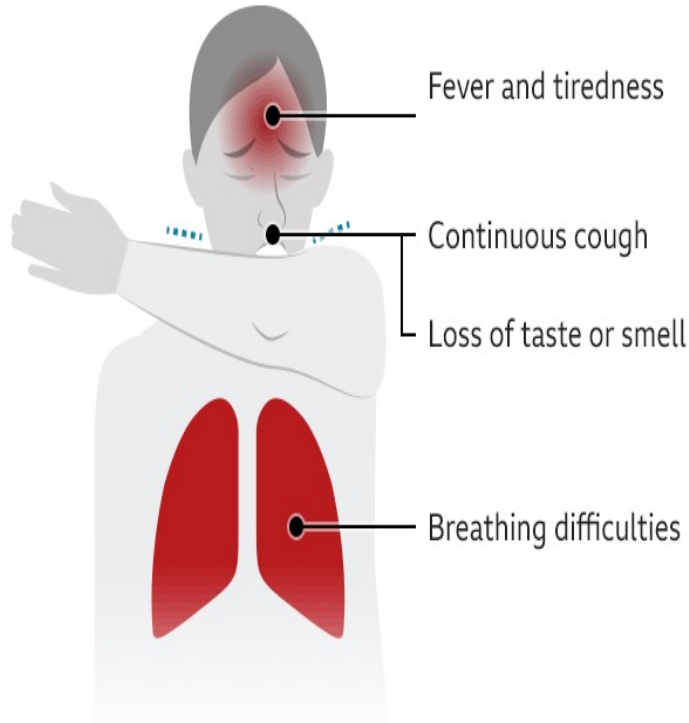
Problem framing – beyond health ecosystems

The pandemic has pushed up/exposed existing fractures and created new ones wrt governance and decision-making in response to societal challenges

- **Uncertainty and urgency** - shifting levels of accountability and responsibility
- **Tensions** between science, politics and society
- Subliminal, polemic and often aggressive **push back** against science
- **Disconnects & tensions** between local and global – *difference between local as a location versus local as localization, local agency, local empowerment and local structural transformation*
- Global - not about power or the concerns of a few, but about inclusiveness and responsiveness

What is this pandemic a case of?

Coronavirus: Key symptoms



Source: NHS

BBC

COVID-19 is more than about an urgent health challenge and finding solutions to it

- For **development** - about historical, contemporary and future societal progress trajectories and unsustainable options that have been pursued
- For **(health) innovation systems** ... the complex and multisectoral character of innovation systems and the need to take interactions, knowledge use and flows seriously
- For **public policy** – a call for effective and unprejudiced policies which not only **coincide** with good development outcomes, but which **cause** good outcomes – disproportionate impacts of the pandemic & Syndemic Theory (Merrill Singer and Richard Horton)

What are we learning?

‘The pandemic seems to have ushered in a new wave of **transactional approaches** to international relations (protectionism and nationalism), some kind of **retreat to narrower national interests**. The ability to respond locally to emergency needs has been determined by two big factors: accumulated manufacturing capabilities, and **the institutional structures that shape and constrain innovation** such as university technological capacities, regulatory structures and procurement skills’ (excerpt from ongoing work on local pharma manufacturing during Covid19)



If the pandemic is a big ‘STI policy class’ – what are we learning in the class?

- Decisions have to be made at **speed**, yet with relevance and accuracy – are our governance structures fit for speed and accuracy?
- Need to strengthen agencies and interagency **interactions** – but whose role is it to manage the **interstices**?
- Rethinking global health security – ‘leaving no one behind’ is not a nice-to-have

Hopes and fears from the class

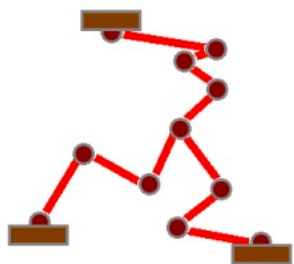
- **Platform technologies, agility and adaptability** have delivered for science and medicine – an opportunity for amenable governance platforms of **reflexive dialogues, interactive knowledge streams and different learning and exchange formats**
- Multiple, new, transient and **transactional** interactions – how do we expand our peripheral visions and strengthen corporate memory?
- **Sociotechnical imaginaries** are not inevitable - they are products of deliberate choices and actions. Expression of human purpose or intention (policies) should be followed by action.

How will effective governance look like?



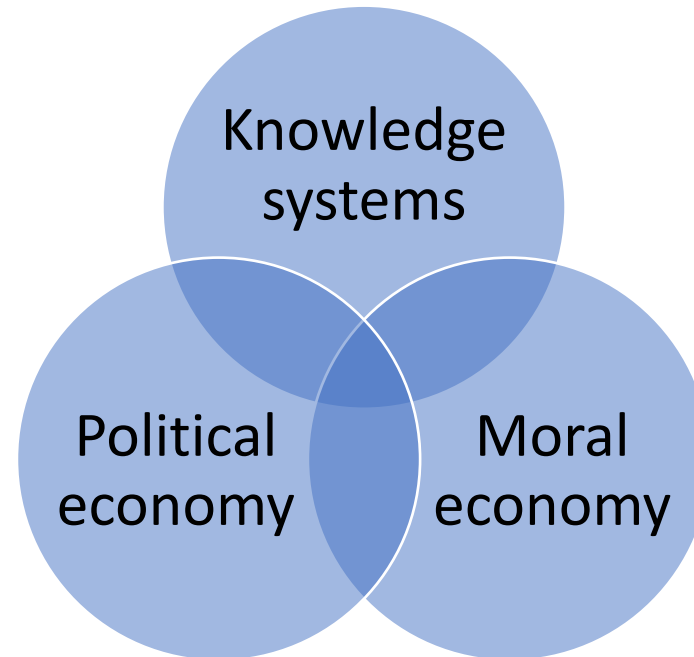
Empirically – different kinds of historical, current and futuristic evidence/data should be drawn on. The pandemic has given **urgency and shape** to the cognitive and operational premium that can arise from this

- **Loci of knowledge production** – health systems and health policies are defined locally, yet health challenges are transboundary. Need to move from **deficit analysis to asset analysis** in assessing and valuing knowledge. Challenging and decentering privileged knowledge systems



Enhancing linkage between knowledge and action – enhancing boundary-spanning evidence, processes and organisations from the global to the local in terms of credibility, legitimacy and salience. **Remove disciplinary/institutional egos and distance while maintaining independence, transparency and managing expectations (UCL Ventura story)**

Resource flows in effective governance complexes for health – a triologue for local agency



In the future ...

- There will be no more markets left to emerge
- Selling will be more social
- It will take many imports to make an export
- Salt water will quench our thirst



In the future,
local demand
will shape
global supply.