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

Julius Mugwagwa, UCL STEaPP and GGI
Important Moment for Governance

- Pandemic continues: ~55 million cases and over 1.3 million 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
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 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 trialogue 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.