CALL FOR PAPERS

Special Issue:
Challenges and Opportunities for Regional Health Cooperation: Lessons from COVID-19 Pandemic and Other Infectious Diseases

To be submitted to Health Policy & Planning (OUP)

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Theme
The COVID-19 pandemic has challenged global health governance. Despite having WHO international health regulations and pandemic guidelines in place for years prior, COVID-19 took nation states by surprise in unprecedented dimensions across the world. National health care systems and regional cooperation, such as the EU, ASEAN, CAN, Mercosur or SAARC, are not prepared and struggle to tackle together a pandemic challenge of this magnitude. In many countries, neoliberal paradigms and austerity measures have decreased levels of health system financing, particularly in health prevention, and led to rationalisation of health care services and a profit-oriented business model. This has often weakened the health systems’ capacity to respond adequately to the protection of the right to health for all in normal conditions and threatens to lead to a collapse when responding to epidemics.

COVID-19 comes at a time when scientific warnings about potential SARS-COVID mutations and pandemic risks, as much as the (re)-emergence of infectious disease risks associated to biodiversity loss and ecosystem deterioration, have not been taken seriously for health centred environmental governance as a lasting prevention method, nor for adequate pandemic prevention through system strengthening.
The current COVID-19 pandemic is challenging our global order, global trade network, governance systems, social relations and human species perceptions of being in the world in an unprecedented manner. The major global events of the 20th century (World War II and the end of the Cold War) changed the world order and global and social relationships. While both events were social constructions and a result of failures of systems, the ongoing global lockdown is, while still a human constructed, a response to a global common viral-non-human “threat” that creates a novel challenge to globalisation and social relationships. According to the IMF, the present pandemic will have worse economic impacts than World War II and might be comparable to, or even worse than, the 1929 global recession (IMF 2020, v).

If we are aware of pandemic risks and have global and national epidemic action plans in place, how can it be that economic and social systems are constructed in a way that, only a few months into a pandemic, national and global markets are entering into recessions? What are the underlying causes for such unstable societies, systems and cooperation patterns? There seems to be a misalignment or dysbiosis between pandemic response guidelines, international health regulations and system preparedness.

Whereas the major global events of the 20th century brought the world, nations and people closer together, governments across the world are using a common “threat” to rethink trade relations, global complex production chains, national citizen protection, national interests and protection of national institutions such as the health care system. Although the pandemic has been unexpected, the anti-globalisation and ecological movements, new economic protectionists, old and new nationalists and local communities, both on the right and on the left of the political spectrum, have been informing local and national elections and paved the way for questioning multilateral and regional cooperation in recent years, thereby influencing the developments of the European Union, UNASUR and NAFTA among others.

The understanding of the existence of a nexus between health security and the international economic system is obviously not new. Health security has since the beginning of the industrial revolution and beginnings of tropical medicine played a role in international trade (Fidler 2001, 2005; Gostin 2019). Health security, directly aligned to subject surveillance and economic markets, has grown in importance with the development of nation states, globalisation and global governance. Likewise, health diplomacy has gradually developed over time (Amaya and De Lombaerde 2019; Merson, Black, and Mills 2011; Bindenagel Šehovic 2019). Health security and international health have been vital in establishing global markets, protecting markets, national and regional interests, and workers. It has always been related to economic wealth, trade relations and a subject’s productivity. 19th century epidemics and 20th century pandemics, such as the 1918/1919 Spanish flu, have influenced health diplomacy, international relations, border controls, health research and health care systems. The implications of the recent proliferation of (free) trade agreements on health and health protection have also been acknowledged (McNeill et al. 2017, Stiglitz 2009).

Regional cooperation has proven important in managing surveillance, particularly border control with regards to zika pandemic (Adorno 2018; Oxford Analytica 2017; Bueno 2017), dengue (Masciadri 2019) and malaria elimination and control collaborations (Lover et al. 2017; Sharp et al. 2007), H1N1 2009 pandemic (Gresham et al. 2009) and MERS 2015 pandemic (Farag et al. 2019). But regional health cooperation has only received more attention because of epidemic and pandemic threats over the last two decades (Amaya, Rollet, and Kingah 2015; Herrero and Tussie 2015), which are not manageable on a nation state level in an interconnected globalised world where viruses, parasites and bacteria travel on trade routes in trucks, boats, planes and vectors, such as mosquitoes, animals and humans. The Organization of African Unity (OAU), the predecessor of the African Union, started regional responses to epizootics already in the 1960s (Rollet 2019,
Since the foundation of the African Union (AU) in 2002, it is the latter who has the surveillance and control of zoonoses on its radar through its Inter-African Bureau for Animal Resources (AU-IBAR). ASEAN plays a role in coordinating regional responses to zoonoses, particularly since 2000. Strategic plans and regional action plans have been designed and technical groups have been set up on communicable diseases and pandemic preparedness and response (Rollet 2018, 2019). More recently, UNASUR has been another example in developing health diplomacy for universal health insurance in South America and regional cooperation in times of zika and dengue epidemics (Adorno 2018; Riggiozzi 2014; Riggiozzi 2015). Adding to this, there are other regional organisations that have taken initiatives in this area. In some cases, these organisations, or their member states, have received support from other regional organisations (mainly the European Union) through inter-regional health diplomacy and cooperation (Collins, Bekenova, and Kagarmanova 2018; Rollet 2019). However, UNASUR has recently disintegrated and, more generally, there have been calls for more effective regional cooperation based on an understanding that the full potential of regional cooperation and value added of regional health governance has not (yet) been realised. Various claims for more regional cooperation have been heard, for example, in West-Africa after the Ebola (EVD) outbreak (Blocher, Gharbaoui, and Vigil 2015; Guadu and Tekle 2015; Kamadjeu 2015; Petherick 2015). Several experts, and currently also politicians, are thus calling for better preparedness and improved response through regional cooperation.

The current pandemic and its economic impact open up several scenarios for future developments, an opportunity for (regionally) coordinated health and socioeconomic responses through the establishment of solidarity systems that avoid reinforcing economic imbalances (Brendebach et al. 2020), coordinated responses in border surveillance, production and access to medicines, vaccines, clinical testing and protection material for population protection, but also isolation policies and economic protectionism potentially increasing global inequality, inequity and costs of human lives and livelihoods.

It is clear that a discussion on needed/optimal levels of regional cooperation and responses cannot only be conducted in terms of health policy outputs and outcomes on the ground, i.e. the regional dimension of health service delivery. It is equally important to jointly discuss the regional institutions that are needed to build a regional response and coordination capacity, and to look at the ‘production technologies’ of the regional public goods or the ‘public supply aggregation technology’ (Sandler 1998) in the area of health. Whether these regional public goods will be produced or not will depend on a complex set of variables, including those of economic and political natures. This discussion on the appropriate regional institutional framework is particularly vivid in the context of the EU (Brack, Coman, and Crespy 2020; Nielsen 2020; and many others). How these institutions and regional cooperation are reviewed, discussed, created, reflected and agreed upon in times of lockdown, and the increasing importance of digital diplomacy, is another important area to investigate and analyse during and after the pandemic (Anuar 2018, Bjola 2016, 2019, Kurumchina 2019).

Whatever governments decide, history is in the making and it is crucial to understand, comprehend and critically appraise current scenarios, politics, and their impacts to inform decision-making. We need to comprehend the driving factors and mechanisms of regional health cooperation that have been vital (or not) in managing the pandemic. What is needed and what has not worked? What can we learn from this experience and earlier experiences, and how can we protect future generations by relying on regional solutions?
Possible themes and topics for contributions to the special issue (no commentary pieces, qualitative and quantitative articles):

- Regional cooperation strategies for health system strengthening (surveillance, prevention, human resources, vaccines, medicines) and their effectiveness
- Epidemiological analyses and simulations of the dynamics of infectious diseases with/without regional health coordination or cooperation
- Political-economic (comparative) analysis of health policy responses on COVID-19
- Analysis of the mutual impacts of COVID-19 and regional cooperation, in cases such as Mercosur, CAN, CARICOM, African Union, ECOWAS, EU, SAARC, ASEAN, etc.
- Coherence between, national, regional and global (WHO) responses
- Regional cooperation on health policy responses for refugees
- Regional health system responses to remote border control
- Regional cooperation for support and integration of marginalized and indigenous populations
- Challenges and opportunities of health security regulations for future pandemic preventions
- Regional politics of biodiversity conservation in the realm of planetary health to prevent the emergence of future infectious disease.
- Regional social policies, in terms of basic income to create a systemic response to social injustice and inequity putting some people at higher risk to disease and unequal treatment.

Qualitative, quantitative, and mixed methods are accepted.

Original research articles (preferably with a maximum length of 6000 words) are preferred. Review articles (with a maximum length of 10000 words) can also be considered.

Preliminary time frame

Expressions of interest (with preliminary abstracts): to be sent to: d.montag@qmul.ac.uk and pdelombaerde@cris.unu.edu before July 15, 2020

Acceptance of proposals by the editors: July 31, 2020

Manuscripts: October 15, 2020

The publication of articles, accepted by the special issue editors, in Health Policy & Planning is conditional upon acceptance of the special issue proposal by the journal editors and the outcome of the peer review process for each individual paper.

References


McNeill, Desmond, Pepita Barlow, Carolyn Deere Birkbeck, Sakiko Fukuda-Parr,


