UNITED NATIONS UNIVERSITY
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Institute on Comparative Regional Integration Studies

Queen Mary University of London

CALL FOR PAPERS

Special Issue:

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

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Editors

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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,

139). 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; Riggirozzi 2014; Riggirozzi 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:

- 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

Adorno, Alberto Manuel Poletti. 2018. "La lucha contra la epidemia del Zika, tendencias jurisprudenciales y la cooperación regional en el ámbito de la salud en Sudamérica." *Revista de Direitos e Garantias Fundamentais* 18 (2):269-282.

Amaya, Ana B, and Philippe De Lombaerde. 2019. "Multi-Level Health Governance and Health Diplomacy: Regional Dimensions." *Regions and Cohesion* 9 (1):86-92.

Amaya, Ana B, Vincent Rollet, and Stephen Kingah. 2015. "What's in a Word? The Framing of Health at the Regional Level: ASEAN, EU, SADC and UNASUR." *Global Social Policy* 15 (3):229-260.

Analytica, Oxford. "Latin American Leaders Aim for Regional Zika Plan." *Emerald Expert Briefings* (oxan-es).

Anuar, Amalina. 2018. "Indo-Pacific Economic Vision: Role of US-ASEAN Digital Diplomacy." *RSIS Commentaries. Singapore: Nanyang Technological University*. 145.

Bindenagel Šehovic, Annamarie 2019. "Health Diplomacy: For Whom? By Whom? For What?" *Regions and Cohesion* 9 (1):161-176.

Bjola, Corneliu. 2016. "Getting Digital Diplomacy Right: What Quantum Theory

Can Teach Us about Measuring Impact." *Global Affairs* 2 (3):345-353.

Bjola, Corneliu. 2019. "Trends and Counter-Trends in Digital Diplomacy." New Realities in Foreign Affairs.

Blocher, Julia, Dalila Gharbaoui, and Sara Vigil. 2015. "West Africa: A Testing Ground for Regional Solutions." *Forced Migration Review* (49).

Brack, N., R. Coman, and A. Crespy. 2020. "Face au coronavirus, le chaos de l'Europe intergouvernementale." *LaLibre*, 18th March 2020.

Brendebach, Jonas, Pessoa Poiares, Luis Miguel Maduro, and Fabrizio Tassinari. 2020. "The EU Response to the COVID-19 Pandemic: Achieving Relevance, Mobilising Solidarity and Preparing for the Future." *STG Policy Briefs* 2020 (1).

Bueno, Flávia Thedim Costa. 2017. "Health Surveillance and Response on a Regional Scale: A Preliminary Study of the Zika Virus Fever Case." *Ciencia & Saude Coletiva* 22:2305-2314.

Collins, Neil, Kristina Bekenova, and Ainur Kagarmanova. 2018. "Negotiated Health Diplomacy: A Case Study of the EU and Central Asia." *The Hague Journal of Diplomacy* 13 (4):432-456.

Farag, Elmoubasher Abu Baker, Mohamed Nour, Ahmed El Idrissi, Jaouad Berrada, Aya Moustafa, Minahil Mehmood, Mahmoud H Mahmoud, Ahmed M El-Sayed, Farhoud Alhajri, and Mohammed Al-Hajri. 2019. "Survey on Implementation of one Health Approach for MERS-CoV Preparedness and Control in Gulf Cooperation Council and Middle East Countries." *Emerging infectious Diseases* 25 (3).

Fidler, David P. 2001. "The Globalization of Public Health: The First 100 Years of International Health Diplomacy." *Bulletin of the World Health Organization* 79 (9):842-849.

Fidler, David P. 2005. "From International Sanitary Conventions to Global Health Security: the new International Health Regulations." *Chinese Journal of International Law* 4 (2):325-392.

Gostin, Lawrence O. 2019. "Global Health Security in an Era of Explosive Pandemic Potential." *Asian Journal of WTO & International Health Law and Policy* 14 (1):267-285.

Gresham, Louise, Assad Ramlawi, Julie Briski, Mariah Richardson, and Terence Taylor. 2009. "Trust Across Borders: Responding to 2009 H1N1 Influenza in the Middle East." *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 7 (4):399-404.

Guadu, Tadesse, and Zenebe Tekle. 2015. "Challenges to Control Ebola in West Africa: A Review." *World Applied Sciences Journal* 33 (6):1000-1009.

Herrero, María Belén, and Diana Tussie. 2015. "Unasur Health: A Quiet Revolution in Health Diplomacy in South America." *Global Social Policy* 15 (3):261-277.

IMF. 2020. The Great Lockdown. Washington, D.C.: International Monetary Fund.

Kamadjeu, Raoul. 2015. "Ebola in West Africa. Before, Now and Then." *The Pan African Medical Journal* 22 (Suppl 1).

Kurumchina, AE. 2019. "Digital Diplomacy of the BRICS in the Sphere of Culture." 1st International Scientific Conference" Modern Management Trends and the Digital Economy: from Regional Development to Global Economic Growth"(MTDE 2019).

Lover, Andrew A, Kelly E Harvard, Alistair E Lindawson, Cara Smith Gueye, Rima Shretta, Roly Gosling, and Richard Feachem. 2017. "Regional Initiatives for Malaria Elimination: Building and Maintaining Partnerships." *PLoS Medicine* 14 (10).

Masciadri, Viviana. 2019. "Panorama sobre el dengue en los estados miembros del Mercosur (1991-2015)." *Revista Panamericana de Salud Pública* 43:e11.

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

Anand Grover, Ted Schrecker, and David Stuckler. 2017. "Trade and Investment Agreements: Implications for Health Protection." *Journal of World Trade* 51 (1):159-182.

Merson, Michael H, Robert E Black, and Anne J Mills. 2011. *Global Health*. Burlington, VT: Jones & Bartlett Publishers.

Nielsen, N. 2020. "Coronavirus: What EU Can and Can't Do." *EUObserver*, 5th March.

Petherick, Anna. 2015. "Ebola in West Africa: Learning the Lessons." *The Lancet* 385 (9968):591-592.

Riggirozzi, Pia. 2015. "UNASUR: construcción de una diplomacia regional en materia de salud a través de políticas sociales." *Estudios internacionales (Santiago)* 47 (181):29-50.

Riggirozzi, Pía. 2014. "Regionalism Through Social Policy: Collective Action and Health Diplomacy in South America." *Economy and Society* 43 (3):432-454.

Rollet, Vincent. 2018. "ASEAN's Response to Communicable Diseases: Nature, International Cooperation and Main Challenges." In *Southeast Asia. Beyond Borders and Boundaries*, edited by S.C.Y. Ku and H. Chien, 159-186. Kaohsiung: Wenzao University Press.

Rollet, Vincent. 2019. "Health Interregionalism in Combating Communicable Diseases: EU Cooperation with ASEAN and the African Union." *Regions and Cohesion* 9 (1):133-160.

Sandler, Todd. 1998. "Global and Regional Public Goods: A Prognosis for Collective Action." *Fiscal Studies* 19 (3):221-247.

Sharp, Brian L, Immo Kleinschmidt, Elisabeth Streat, Rajendra Maharaj, Karen I Barnes, David N Durrheim, Frances C Ridl, Natasha Morris, Ishen Seocharan, and Simon Kunene. 2007. "Seven Years of Regional Malaria Control Collaboration—Mozambique, South Africa, and Swaziland." *The American Journal of Tropical Medicine and Hygiene* 76 (1):42-47.

Stiglitz, Joseph E. 2009. "Trade Agreements and Health in Developing Countries." *The Lancet* 373 (9661):363-365.