PMAC PRINCE MAHIDOL AWARD CONFERENCE 2021

WS206

GOVERNANCE FOR HEALTH: TOWARDS MORE EQUITABLE POLICY-MAKING AND ETHICAL PARTNERSHIPS

| BACKGROUND

As with Ebola outbreaks in African countries, the global response, including international multilateral organizations and many of the world's governments to the COVID-19 pandemic is already raising critical questions about the ability of existing global governance mechanisms to respond effectively to global health crises on the scale of COVID-19 pandemic. This is intrinsically related to the nature of health governance that existed before the current pandemic started. The retreat by some countries from multilateralism, has created new challenges for health governance, especially during the pandemic. The issue of powerful countries cutting off funding support as a strategy to weaken global governance, such as the US with WHO, needs to be discussed and addressed.

At the same time, the rise in autocratic regimes and the increasing power of the corporate sector risks foreclosing space for broader forms of public/civil society participation in national policy-debates. In many countries there has been a lack of transparency in policy making and in engaging with non-state actors during the pandemic. Denialist tendencies of political regime in certain countries have led to a worsening of the pandemic. There are also issues related to the political regimes in some countries, where, in the name of public health intervention, there can be negative impacts on civil rights and the space for civil society voice and governance participation. Can health data be trusted in the face of a pandemic? What plans are there for governments to return to open and democratic forms of governance in the post-COVID era?

At an international level, there continues to be a mushrooming of global health partnerships that create more opportunities for non-state actors to participate in policy and program decision-making. As with the national level, such global partnerships can have positive health impacts, but there remain concerns that organizations representing private corporate or business interests can exert greater partnership influence (thanks to deep financial pockets) than international NGOs representing broader public interests. The increased engagement of established global institutions (notably those associated with the underfunded UN) with private sector organizations, including efforts to secure private sector ‘partnership’ financing, has led some civil society organizations to caution that we are witnessing the slow privatization of global governance. There are vibrant debates even during the pandemic, about how governance partnerships for health, both within and across nations, can become more equitable.

In this webinar we will assess governance for health in the context of the pandemic and discuss the way forward for more equitable policy-making and ethical partnerships both in the global and national contexts.

| OBJECTIVES

- How has (or might) COVID-19 lead to new forms of health internationalism/cooperation?
- How has COVID-19 affected national and international human rights (including right to health in various covenants or articles) and civil rights?
- What role has WHO played during the pandemic? How can WHO best fulfill its mandate to support COVID-19 response at county level?
- How has data been used to highlight inequity in COVID-19?
- What have been the challenges in data transparency and related policy making during COVID-19?
- What have been the ways in which the civil society has participated in and influenced health governance during COVID-19? How can it be improved?



Moderator

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Lauren Paremoer is a senior lecturer at the University of Cape Town and a member of PHM South Africa. Her research focuses on health activism, global governance for health, and political mobilisation aimed at realising social citizenship in societies of the Global South. She has explored these themes in relation to the struggle for the right to HIV/AIDS treatment in South Africa, the social reproduction work undertaken by community health workers and women more generally, and the use of for-profit markets and philanthrocapitalism to ameliorate the worst effects of deteriorating public health systems.