
Enabling Just Change in the International
Health Care Governance:

THE COVID -19 PANDEMIC AND LESSONS LEARNED FROM THE WESTERN BALKANS

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This publication comes after months of research conducted by the Belgrade Centre for Security Policy, in collaboration with its partners in the Western Balkans region - Kosovar Centre for Security Studies (Prishtina), Centre for Security Studies (Sarajevo), Institute Alternative (Podgorica), Institute for Democracy and Mediation (Tirana) and Institute for Democracy "Societas Civilis" (Skopje). The first stage focused on desk research over the course of nine months. Extensive desk research followed, with semi-structured interviews with public health experts conducted in order to assess the pandemic management in each of the Western Balkan countries – North Macedonia, Montenegro, Serbia, Kosovo, Albania and Bosnia and Herzegovina. The second stage of the research was focused on the reform of the global health governance system and structures. This part of the research implied semi-structured interviews and discussions with global health experts, as well as with experts in global governance. The baseline for the set of recommendations presented in this paper is that pandemics remain one of the most serious threats for human, national and global security. Therefore, fundamental reforms of the global health governance must be implemented in order for the global society to be better prepared for a next pandemic. Two external experts also contributed to this paper.

The World Caught Unprepared

The past three years with the COVID-19 pandemic came as a surprise and as an imminent peril to people's lives, livelihoods, routines, and wellbeing. It has also cost the world millions of lives directly lost to COVID-19, as well as many more gone and to be lost in the coming years due to health services being fully redirected to the emergency response to the pandemic, leaving those with chronic and acute illnesses behind. Lockdowns have cost governments and their people billions of dollars, setting back economies and development. The already existing crisis has been further exacerbated and the already marginalized groups have been exposed to additional risks. Apart from the evident immediate and protracted effects of COVID-19 pandemic, the global health crisis has also tested governments' ability to responding a responsible and coordinated manner, thus unveiling the many weaknesses in the world order and global governance systems.

Although experts had been warning against the emergence of a pandemic of scale such as COVID-19, the national, regional, and global governance systems were caught unprepared. As a threat to human, national and global security, pandemics were not considered "imminent" by decision-makers – consequently, this threat has been placed lower on the political agenda. Even three years into the ongoing pandemic, national and global decision-makers and institutions are focusing more on other issues such as repositioning in the emerging bipolar global system.

The pandemic(s) is(are) not part of the public narratives as other global political themes are, such as geopolitical rivalry between the United States and People's Republic of China or the Russian aggression against Ukraine. The global health crisis caused by respiratory (or any other) viruses demand to be addressed properly and urgently. The current international institutions and global governance mechanisms do not have the necessary capacities for implementing already existing norms and rules, nor to enforce the countries to comply with them. Therefore, as many global health experts suggest, a reform of the international global health governance is necessary and urgent.

Lessons from the Western Balkans

The six case studies on pandemic management in the Western Balkan countries, produced in parallel with this policy brief, led to four main conclusions relevant for the global context in the response to COVID-19. Firstly, the dominance of politics over expertise in decision-making process characterized the pandemic management in the Western Balkan countries. Unpopular measures were lifted on the eve elections, the approach towards crisis management was changed with the newly elected government, experts (particularly medical experts) were sidelined in decision-making processes. Secondly, there were significant problems with transparency during the pandemic in all the Western Balkan countries. Lack of transparency was notable in various fields: procurement of medical equipment and vaccines, unknown number of vaccines a country possessed; unreliable data about infected and deceased citizens; lack of transparency in regard with budget spending on medical equipment and vaccines. Thirdly, a lack of solidarity between the countries was notable during the pandemic, mostly visible once the process of vaccination commenced. The fact that some of the countries used donations of medical equipment and vaccines as a tool for achieving foreign policy goals led to the emergence of the so-called “vaccine diplomacy”. Finally, the inconsistency in communicating the crisis by the government and crisis management teams was one of the main characteristics of the pandemic management in the Western Balkans countries.

Although the EU significantly contributed to the Western Balkan response to the crisis, albeit, admittedly, somewhat late, there was little or no visibility of this support and the citizens often did not acknowledge the help received. This enabled “vaccine diplomacy” with different actors making public of their assistance landing at the airports in the region.

The Western Balkan case studies of the COVID-19 pandemic also show that a global threat requires a global response. During the pandemic, the international system saw a complete nationalization of a threat which is, by definition, a global one. Given the global threat to human, national and international security, the response was inadequate. Instead of a global forum in form of an international system that would govern the threat, the world saw that almost every country perceived the threat of the virus as a national one and not a global one. Thus, the already established international mechanisms and organizations (United Nations, World Health Organization, COVAX) were sidelined, whereas the national interest prevailed over the global one.

Global Health Governance Reforms

It must be acknowledged that the World Health Organization, as the main global agency responsible for international public health, is currently working on the reforms of International Health Regulations (IHRs) and on the possible Pandemic Treaty. The negotiations currently taking place should be understood within the context of the geopolitical turmoil which is likely to continue in the years to follow. Although this is a step in the right direction, it is far from efficient to provide a sustainable solution. As every reform of the global governance, the reform of the global health governance requires a multilateral approach which, given the geopolitical circumstances, is difficult to achieve. The reform of the global health system is therefore not possible without the reform of the international system of governance in general.

A strong crisis response, under which the national institutions and actors can react to detected threat rapidly and efficiently, requires good governance. The term “good governance” refers to the capacity of a state to provide public resources effectively and efficiently to its citizens, while respecting democracy, the rule of law and human rights, and eliminating corruption and other malpractices. The problem with the concept of “good governance” is that many countries of the so-called “Global South”, but also of the “Global North” do not meet the criteria that good governance sets forth. The experience of the COVID-19 pandemic shows that even some autocratic countries, with low level of democracy, went through the pandemic better (in terms of infected and deceased people) than those with high level of democracy. For example, countries of Southeast Asia were quite successful in combating the pandemic, yet many of them are not democracies. Having this in mind, it can be inferred that there are two variables that can be detected in successful responses to pandemic: high level of trust in public institutions which are strong and independent, and history of epidemics in certain countries and regions.

Recommendations

There are two sets of recommendations for the reform of the global health governance when it comes to pandemics. The first set of recommendations can be framed within the already existing set of norms and regulations, addressing mostly national authorities; the second group of recommendations requires the reform of the international health system, targeting international organizations and agencies.

The first set of recommendations is:

- Full implementation and respect of countries' Constitutions and laws, particularly those laws regulating public health emergencies (Functional Rule of Law);
- Collection of all data related to the number of infected and deceased people in a single place, preferably at the WHO regional offices and finally at the WHO Headquarters in Geneva (Centralised SADD collection system). The data should be collected by the national authorities, then cross-checked by WHO and then centralized in a single global database;
- Inclusion of the private health sector into the treatment of infected citizens;
- Decentralization and delegation of decision-making processes in the pandemic management in each country to the lower levels, such as regions, towns and municipalities;
- Improvement of vaccination campaigns at the national level;
- Improvement of awareness-raising campaigns and imposition of restrictions on fake news
- Needs-based and transparent response and approach towards marginalized groups and communities in societies (homeless people, indigenous groups, elderly);
- Promoting dialogue and innovative cooperation of the government with the business sector, civil society and media;
- Including representatives of the institutions dealing with social work in the crisis pools in order to ensure that recommendations do not further endanger vulnerable groups of citizens;
- Maintaining the security of information and ensuring personal data protection;
- Allowing access to information of public importance to media, citizens and other institutions which are not part of the management teams;
- Restrictive measures introduced by the Governments should be designed in such a manner that they do not violate human and civil rights and that they are proportionate to the risk;

- Creation or strengthening the network of free psycho-social support and specific mental health care for those in need;
- Donations of vaccines should not be used as a tool for achieving foreign policy goals, but should be acts of solidarity towards those countries and societies which are not able to procure them;
- Development or improvement of the already existing communication strategies by international organizations, primarily the World Health Organization;
- Initiators of COVAX mechanism should develop and implement a strong visibility strategy with an aim to ensure the visibility of all aspects of COVAX to the broader public;
- Countries should increase the share of national public health systems in their respective budgets.

The second set of recommendations is:

- Organization of the Global Summit on Pandemics within the United Nations' mandate that would gather heads of states or governments and experts on international health, global governance and security sector, as well as relevant civil society organisations in order to encourage dialogue, lessons learned, knowledge and good practice exchange with an ultimate goal to reform the International Health Regulations and adopt the Treaty on Pandemics;
- Formation of the Ethical Commission that would be consisted of globally renowned experts on medicine (including Nobel Prize laureates) the purpose of which would be monitoring and reporting on the implementation of the global norms regulating public health;
- New regulation on Early Warning, Alert and Response System that would make it easier for WHO to enforce countries' reporting disease outbreaks immediately;
- Formation of a Special Body consisted of the technocrats from the International Civil Aviation Organization and World Health Organization that would act in case of emergence of an infective disease and stop its spreading;
- Formation of a Special Commission within the United Nations' mandate that would work on preservation and development of those public health capacities and infrastructure that were built during the COVID-19 pandemic;
- Organization of Donors' Conferences under the United Nations' mandate that would provide financial assistance to those countries which are not able to fulfill their IHRs obligations. These conferences should be enshrined in a provision of the Treaty of Pandemics.;
- Establishment of the WHO pandemic prevention regional hubs and offices. In this way, the response mechanism would be simplified so that the responses are more efficient and effective;

- Formation of a Special Committee consisting of independent experts in international law, international relations and medicine that would draft a document which would contain tools of enforcement of global health governance norms with proposed sanctions to those countries breaching the legally binding global norms. This document would serve as the baseline for future negotiations on incorporation of the proposed tools into international governing systems;
- Creation of the Global Solidarity Fund for Public Health– a public/private trust that would accept donations from public and private donors, which would be used for research and development in domain of virology and epidemiology;
- Formalization of cooperation between the World Health Organization and global psychology organizations;
- Creation of a Special Working Group within the World Health Organization that would tackle the challenges of fake news, disinformation campaigns and conspiracy theories;
- Creation of a Working Group that would work with pharmaceutical companies and medical equipment manufacturers with solutions on how to transfer know-how to companies in developing countries;
- Inclusion of a provision into the Treaty on Pandemics that would regulate the prices of medicines and vaccines.



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