

Conclusion to the report: Governing epidemic-prone infectious disease and antimicrobial resistance: a review and case for governance 'from below'

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The spread of SARS-CoV-2 to pandemic level has accentuated the importance of effective governance of infectious disease threats. This event underscores that these threats transcend the capacities of conventional systems of governance and that a rethinking is required in order to incorporate additional approaches. As some countries turn inwards and focus on their national-level COVID-19 crises, there are renewed calls for greater global solidarity in this endeavour and a more coordinated system of global health governance.

With respect to epidemic-prone infectious diseases, there will be much reflection in the times ahead regarding the most effective strategies for outbreak preparedness and response, and how to balance the implementation of public health measures with considerations of social justice and human rights. The governance challenges that have guided the analysis in this report – of scale, intersectorality, inclusivity and interdisciplinarity - are all very much present in this crisis. The scale of this emerging disease scenario has spanned concerns from the global to the national to the very local, and the need to consider all these levels and the interconnections across them is clear. The necessity of a whole society response to outbreaks is also patently evident, as ministries of finance, social protection, education and health all mobilise to provide control and mitigation measures. There has also been renewed focus on animal-human interactions and the impacts of changes in environmental conditions and food systems – prompting calls for greater impetus to the One Health agenda. The importance of considering the experiences and perceptions of people on the ground enduring disease has been demonstrated with respect to past outbreaks. This issue has surfaced again as we see a surge of community-level action in response to COVID-19. So also has the importance of understanding existing faultlines of inequality and attending to the emergence of new ones, as the epidemic unfolds and response measures are instituted. Attending to local social responses and engaging with informal and formal systems of public authority are crucial to an understanding of governance that acknowledges that 'bottom up' approaches can be key to more acceptable and effective control of disease outbreaks. If harnessed respectfully, these can complement initiatives 'from above' in vital ways. Lastly, the challenge of interdisciplinarity has also come up for renewed debate with COVID-19. A tendency still to rely on narrow understandings of science and evidence on the part of governments has been challenged. The unfolding of SARS-CoV-2 outbreaks in settings with different healthcare and economic systems, different state-citizen relations, different histories and experiences of past epidemics and different social and religious institutions has demonstrated the value of social science perspectives in analysing the impact of the disease and in informing the framing of responses.

The threat of AMR is a different one, but also increasingly urgent. As scientists scramble to identify treatments for COVID-19, we have again become painfully aware of our human

vulnerability to both new and old pathogens and our reliance on the drugs that transformed infectious disease medicine in the last century. As resistance to antimicrobials has grown globally, the slower nature of the growth of this problem has made it harder to garner attention than for (re)emerging diseases which bring dramatic mortality over a short space of time. But as with an epidemic, AMR reveals faultlines of societal and global inequality, and concerns about equitable distribution of global public goods whilst preserving their efficacy and value for all. Governance of AMR is caught up in complex institutional interests and power relations, and different priorities across nations. Here again it is vital to consider scale, as well as to include the perspectives of the most vulnerable people in contexts where access to antimicrobials as well as to skilled medical advice about their safe use, is limited and inadequate. This underscores the importance of a more deliberative approach to governance that takes account of the conditions of people's lives and livelihoods and the factors which determine their health seeking decisions – for themselves or their livestock.

As discussions begin about lessons to learn for future pandemic preparedness, it will be crucial to collect analyses of outbreaks that include 'bottom up' perspectives. Such accounts can challenge any tendencies towards solely authoritarian approaches and draw attention to the need to balance the trade-offs between public health control and social justice. COVID-19 has demonstrated that infectious disease threats constitute scenarios shot through with many uncertainties – scientific, ethical, economic and societal. The governance of infectious threats involves social and institutional processes that are deeply political. Different actors in these processes bring different understandings of the threat, and of governance.

Understanding the power relations that shape how groups understand problems, organise and make decisions, and in whose interests they act, is key to analysis. This is the approach that we have adopted in this report, by laying out governance challenges and making a case that social science perspectives on governance that go beyond the more traditional legal and technical framings might throw new light on ways to overcome these challenges. We hope to contribute to a rethinking of the governance of infectious threats at this prescient juncture, by drawing attention to the importance of an awareness of power relations and how these shape interests and interventions; attention to citizen state relations and the place of deliberative dialogue; and to the value in uncertain times of adaptive and flexible leadership that can respond iteratively to acute as well as slowly unfolding crises. We hope that these perspectives might in the future lead to forms of governance of infectious disease threats that can be more effective and acceptable to the wide range of people affected by these problems.