

Mitigating the Effects of Covid-19 Through Global Health Governance

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Abstract

The COVID-19 pandemic is affecting lives and exposing weaknesses in health systems across the globe. The importance of health governance in delivering proper and effective services worldwide cannot be overemphasized. It has become apparent that the old ways - vertical and centralized methods of governance - of leadership are not the most effective during the COVID-19 pandemic. As such, there is a need for newer and more innovative methods - collective action and adaptation to change - of ensuring that healthcare can be delivered effectively amid the ongoing chaos and ambiguity.

NGOs have also successfully mitigated the effects of the pandemic by introducing/ incorporating healthy behaviors into public messages (washing of hands and social distancing), spearheading advocacy efforts, and serving as the link between the local communities and bilateral/multilateral donors. These coordinated efforts have helped in reducing the spread of virus which has led to lower morbidity rates. Furthermore, Africa has been able to escape the heavy impact of the pandemic due to its adherence to isolation measures coupled with preventive guidelines, public mandates, and bans on domestic/international travel. This paper seeks to explore why effective health governance is important during the pandemic, the roles of NGOs, and lessons learnt thus far.

Keywords: Covid-19; Global Health; Health governance

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Citation: Mosugu T, Zacchaeus V, Ijaja J (2021) Mitigating the Effects of Covid-19 Through Global Health Governance. Health Sci J. Sp. Iss 3: 003.

Received with Revision April 27, 2021, Accepted: May 11, 2021, Published: May 14, 2021

Understanding Effective Health Governance

In today's globalized world, collective action is a transformative and necessary tool that cannot be overemphasized when it comes to addressing the greatest public health challenges. Collective action in this context is defined as the ability of a group to take action—either directly or on its behalf through an organization—in pursuit of perceived members' shared interests (Meinzen-Dick, Di Gregorio, and McCarthy, 2004) [1]. Thus, it requires harnessing innovations such as social networks, open-source systems and a shared economy rather than simply renovating outdated institutional reforms. Collective action enables processes to depart from organizational challenges such as closed feedback loopholes as well as static fixed, hierarchical structures. Furthermore, it can be used as a resolve in addressing global health challenges that result from practices and decisions that undermine science and health governance for political expediency. These ill practices often breed confusion and engender distrust in public health officials. As an innovative approach, collective action requires a systems framework of thinking when it comes to tackling infectious disease outbreaks. An important step to firstly take

in reducing the spread of an infectious disease is to find out the characteristics of the threat that has been reported. This can help facilitate critical discussions and actions among experts and increase the likelihood of a correct assessment of the type of threat. Consequently, this can also facilitate the emergence of concrete recommendations that are context-specific and can effectively address perceived risks/threats.

Concerted global health efforts are dependent on communication between humans across a plethora of social domains - economic, political, technological, cultural and environmental. These globalizing changes are gradually diminishing boundaries that before now, separated humans from each other [2]. Thus, globalization increases many health challenges and by so doing, limits the ability of governments to respond to crisis. It is important to note that globalization catalyzes and facilitates innovation. It is therefore pertinent to stimulate new actors to innovate by developing new ideas, approaches, and institutions [3]. Collective action can capitalize on globalization by being an effective tool in curbing the negative impacts of globalization on global health governance. Smith & Lee [4] suggest that collective action in a globalized world requires institutions that look very different from what is currently in place. Instead of

renovating outdated institutional forms, -which are constricted by fixed territories, autonomy and social scale-more ingenious approaches should be employed with the purpose of effectively mitigating transboundary risks to achieve the common goal of a safe and healthy society. The capacity of national health systems to protect and promote the health of their citizens is jeopardized by population mobility. This is because globalization is characterized by an increase in the number, and level of influence of forces beyond national borders including migration and population mobility—a great determinant in the spread of emerging/reemerging infectious diseases and noncommunicable diseases. The rapid spread of the virus corroborates the notion that globalization overshadows national boundaries; thus, calling for the need for collective action and multilateral policies during pandemics.

In recent times, it has become more apparent that the world needs scientific solidarity and strong moral leadership during infectious disease outbreaks. One of the major forms of institutional innovation is 'network governance', by which collective action is achieved through interconnected institutions spanning government, business and civil society. Network governance is a form of organizational alliance in which relevant policy actors are linked together as co-producers where they are more likely to identify and share common interests" [5]. These networks form synergies across various levels of skill, experience and expertise in order to deal with complex problems. In addition, they also mobilize resources and co-produce policy interventions with other stakeholders. Opportunities abound for world health governance to draw on such samples of institutional innovation. For instance, the 'sharing economy', whereby individuals worldwide rent accommodation, vehicles and other assets directly from one another through on-line transactions, would possibly facilitate how people tend to invest in, and share, major assets that benefit health across countries, such as laboratories, computer technologies and knowledge sources.

Adaptation to change in health governance is seen within the rising system of innovation to enhance health data systems. Global health actors harnessing the benefits of polycentricity is also a step in the right direction. An important pathway of change in global health governance involves the extent to which institutions, markets and networks do not operate in isolation, but rather are part of a highly polycentric governance regime [6]. Therefore, it is important that networked governance is fluid, as it involves various actors coming together and then dissolving, to focus on issues that are connected to them. Despite public-private partnerships bringing together a range of stakeholders like this in global health, critics question how truly open they are, and whether they remain too dominated by powerful government and corporate interests.

It is completely unsafe and unethical to sabotage public health governance for political gains, as this can breed confusion and create distrust between public health officials, governments and the populace. When put into perspective, it is almost impossible to ignore the tendencies of political expediency being at play in the way global health institutions addressed previous pandemics that the world has faced. For example, when the Ebola virus

broke out in the Democratic Republic of Congo, the World Health Organization's (WHO) response was tainted with a certain level of resistance when it came to exercising its power to declare a public health emergency under the International Health Regulations' (IHR) guidelines. This became more vivid when the emergency committee established under the IHR continuously deduced that the exacerbating outbreak did not qualify as a public health crisis of global concern.

In 2003, during the SARS pandemic, the Chinese Communist Party (CCP) used its stranglehold on journalists to hide information and obscured the source of the outbreak. CCP leaders failed to inform the World Health Organization (WHO) about the virus for four months. The Chinese Communist Party (CCP) trailed that same path by trying to obfuscate data, hide essential public health information, and prevented doctors and journalists who attempted to warn the world of the COVID-19 pandemic from doing so. Evidently, they deliberately, and repeatedly, disregarded their responsibilities and obligations under the 2005 International Health Regulations (IHR). Senior leaders of the CCP, including CCP General Secretary Xi Jinping, had knowledge of the pandemic weeks before it was announced. The CCP could have supported the global public health response and shared information with the world about how to handle the virus by being transparent and responsible with their response. WHO Director-General Tedros in response to the CCP's cover-up, commended the CCP for its "transparency." This is incredibly concerning, especially with the way it affected global response.

Within the novel Coronavirus disease context, much of WHO's criticism maintains that it did not exercise its authority of global health leadership to probe countries. Rather, it availed itself as a tool of Chinese politics, power, and propaganda. This critique holds that WHO had the ability to question China's handling of the outbreak in Wuhan so that the organization could better prepare the world for a dangerous disease, but WHO failed to act decisively. This disapproval raises questions about WHO's authority to challenge states during serious outbreaks for the good of global health [7].

These recent developments highlight that misguided ideology, partisan information flows, politics and pseudoscience pose a critical threat to science and undermine global health governance. In this time of global crisis, the world deserves better. It is therefore safe to say that populist, partisan, and misinformed approaches to public health and global health governance are dangerous when accurate information and responsible advice are crucial for saving lives. Reporting the threats that exist with any infectious disease is key to reducing the spread of the disease among the populace. This is because effective reporting increases the likelihood of correctly assessing the type of crisis and facilitating actionable steps. China could have contributed its own quota to the collective global action by providing relevant information and timely reportage to the WHO which would have made the rest of the world better prepared to handle the disease outbreak. Had this been done, there is a huge chance the ongoing pandemic could have been prevented, thousands of lives saved, and the world would have escaped an economic catastrophe.

Public health governance must be strengthened through joint

research platforms, health networks, and integrated surveillance systems. This fosters collaboration between NGOs and national governments as they work to achieve national public health goals. Leaving the burden of disease monitoring, intervention and research development to governments alone would likely lead to a failed state. Thus, different actors from different backgrounds and sectors need to pull resources and expertise together to attain a common goal. Some of the advantages of such forms of network coordination in governance include improved learning, increased ability to tackle complex issues, and efficient use of available resources.

In Taiwan, effective reporting through contact tracing as well as data monitoring has led to a lower incidence rate of COVID-19. Typical features of infectious disease threats can also be made known earlier due to effective reporting. Infectious diseases are heavily dependent on the timing of the occurrence, duration, and the path of development. Ultimately preparing for these threats save lives and also lead to a more robust health system that is equipped across different dimensions on the centralized and decentralized level. However, effective reporting is not just a one-stop solution to counteracting the spread of an infectious disease. Effective reporting must be coupled with an understanding of the crisis. A deeper understanding of existing threats would help guide the responses needed to protect individuals at the household, community, and national level. In Guyana, The Civil Defense Commission through the National Emergency Operations Centre (NEOC) engaged several non-governmental organizations and international agencies to beef up networking, and partnerships in the fight against COVID-19. These agencies include National Emergency Operations Centre, Pan American Health Organisation/World Health Organization (PAHO/WHO), Rotary District, Food for The Poor Guyana, and several others.

The World Health Organization's capacity to take up disease surveillance, monitoring and reporting has traditionally relied on information from member states - in this transboundary world, government institutions based on discrete populations located on fixed territories are increasingly irreconcilable. Global health has faced a succession of diseases reflecting a globalizing world - the AIDS pandemic, SARS, Ebola and Zika virus outbreaks all reveal that governments alone are unable to generate and deploy sufficient data, human capital and other resources in a timely manner. The COVID-19 pandemic has further shown that health governance is more of an inclusive activity involving different stakeholders and not just health practitioners. Effective health governance is a by-product of coordinated activities that stem from information symmetry. More than ever, institutions that bring together expertise and ideas from far and wide, are what the world needs as opposed to fixed, bureaucratic, and hierarchical structures which constrict how problems and their solutions are defined.

The roles of NGOs amid the pandemic

Throughout history, non-governmental organizations (NGOs) have served as a powerful voice for society's most vulnerable and marginalized communities. Amid the COVID-19 global crisis, NGOs are highly essential in counteracting the impact of the

pandemic through their humanitarian assistance and efforts. These organizations minimize suffering by allocating funds and emergency relief to at-risk communities, supporting health delivery efforts, and providing medicine and hygiene kits to those in need of it. Moreover, NGOs also promote the interest of the citizenry by acting as an information bridge between the people and donors. As a result, it is important to understand the transformative power that NGOs can have in wake of this pandemic. As pertinent building blocks of civil society, these organizations can improve service delivery outcomes and development by using bottom-up accountability processes to ensure that people get the necessary goods and services during periods of uncertainty.

NGOs have always helped in mitigating the effects of global health crises (whether health or political) on the people they serve. For example, during Ebola, NGOs supported the establishment of treatment centers and significantly contributed to preventing the spread of the virus through effective patient isolation measures [8]. During pandemics, NGOs are positioned to serve people better through services that minimize suffering, promote the interests of the poor, provide basic social services, and strengthen community development initiatives [9]. Although several NGOs currently face funding insecurities, there is still commitment to securing key local partners that can deliver essential services. These civil society actors collaborate with local partners and use their on-the-ground expertise as an absolute advantage to recognize potential threats that can plague communities.

Public service organizations, (particularly NGOs) are quickly assessing the situation on the ground by routinely speaking with community partners to effectively comprehend the difficulties that their respective community networks' face. By placing special attention to the difficulties and fears that have surfaced, these champions are able bridge the information gap between society and bilateral/multilateral donors. For example, an advocacy organization known as "Motivation" - based in India and other African countries - have reached out to more than 400 disabled people so far, assessing their immediate and longer-term needs. Moreover, NGOs also put their knowledge on dealing with pandemics by alleviating the health burden that individuals have during periods of uncertainty. Specifically, they can join forces with clinics and health centers to give sanitation supplies and hygiene kits.

NGOs leverage upon the power of partnerships and use it as a tool to reassess their programmatic areas of focus. During the crisis, several NGOs have made a conscientious effort to strengthen WASH programs/services and support behavior change [10]. Specifically, organizations that are equipped with the necessary liquid capital are supporting local in-country efforts to counteract the rippling social effects of the virus. For example, Action Against Hunger is working with the Ministry of Health in Somalia to ensure vital information on preventative measures, such as hand washing (considering the fact that the virus spreads faster from hand contact with the eyes, nose and mouth) is reaching vulnerable communities. For example, Tear fund and World Vision are applying the lessons learned from the Ebola crisis. They are working together with local advocates to communicate

health messages using radio spots. Water Aid and Oxfam are also scaling up their programs in water, sanitation and hygiene (WASH) with their partners. This includes increasing access to hand washing stations and soap, and delivering awareness-raising campaigns to curtail the virus's spread. Considering the fact that the novel coronavirus survives and thrives on human hands, introducing hand washing measures to densely populated areas is of the essence. Another undeniably important role of NGOs during the COVID-19 pandemic is putting measures in place that are aimed at initiating and sustaining behavior change. Positive health behavior practices like regular hand washing and social distancing are being disseminated by NGOs to their consistencies. These practices lead directly educating and informing them and providing hand washing/sanitizing amenities.

The importance of humanitarian agencies/NGOs, is undoubtedly essential as seen in this research article. NGOs play important roles in mitigating the effects of the COVID-19 pandemic. Various measures have been and are still being applied by these humanitarian agencies in an attempt to return activities to normalcy. Past pandemics such as the Ebola and Zika viruses have served as eye openers in the development of a modus operandi in dealing with pandemics/crises. Summarily, NGOs are known to help hold communities together during infectious disease outbreaks. By efficiently alleviating panic, confusion and misinformation, they help the people that they serve make sense out of a pandemic situation while still working to increase their livelihood and chances of survival. They initiate and encourage much needed behavior changes which are pivotal to mitigating the further spread of infections during an outbreak. In addition, as knowledge organizations, NGOs advocate for and carry out public health research to build up on important health data. These go a long way in helping experts analyze and evaluate any threat that has been reported but also to determine what kind of response would work best in addressing an infectious disease outbreak.

Insights from the COVID-19 pandemic in Africa

The COVID-19 pandemic is continually spreading through various countries in different continents with no vaccine at the moment. Africa is not as hard hit as other continents due to reasons such low test levels, experience from past pandemics, climate, isolation measures and movement restrictions. This research gives a deeper in-sight into understanding these reasons and lessons for futuristic purposes. Amid the COVID-19 pandemic, testing rates in Africa are quite low when compared to other parts of the world - this is due to the lack of resources and funding to purchase enough testing kits and also the inability to manufacture them. There is a general consensus among those in charge of health policy on the continent that testing rates are woefully low, and this could be distorting our understanding of how far the virus has spread [11]. The low number of COVID-19 victims can be attributed to the half-done testing processes carried out. The World Health Organization says "most" of the 37 countries in Africa with testing capacity have between 100 and 200 testing kits [12]. In order to be certain of the true extent to which the virus has spread in Africa, an increase in testing needs to be introduced and implemented by various governments in

the continent so as to ascertain the accurate rates of the spread. Increasing testing rates would also help identify asymptomatic patients who are spreading this virus unconsciously. The inability of agencies tasked with carrying out the tests in African countries to actually test as many individuals as possible, results in the disparities in confirmed cases in the continent. Without proper equipment for extensive testing, there might be several deaths that go unnoticed or unrecorded. For example, South Africa—which has the most advanced healthcare system in sub-Saharan Africa—has so far only managed to test around 73,000 of its 57 million inhabitants. Nigeria, Africa's biggest economy, has only carried out 5,000 coronavirus tests to date for a country of 190 million people [13]. Therefore, extensive testing plays a critical role in determining the incidence rate of the virus in Africa.

Confirming the spread of the coronavirus is not an easy feat. Unlike other strains of the flu virus, SARS-CoV-2 is believed to thrive in the winter months. Furthermore, some research scientists suggest that it is not immune to heat, dry weather or direct sunlight [14]. This is corroborated by the fact that the countries most affected by the pandemic have relatively temperate climates. Specifically, the majority of cases are concentrated either in the continent's far north or the southernmost areas, where heat and dry temperatures are lower. A British study confirmed that respiratory diseases are on average less common in hot, dry countries and a US report dated 24 April, 2020 found that the virus's half-life, i.e., the time it takes for the virus's infectious potential to become reduced by half, can drop from 18 hours to 6 hours when temperature and humidity increase.

In the past, other pandemics and disease outbreaks with starting points outside Africa have also seen significant delays in reaching the continent, and have recorded much smaller numbers compared to other regions [15]. In 2002-2003, SARS entered Africa five months after it originally spread in China, with South Africa turning into the seventeenth nation on the planet to report. No other country on the continent reported a case thereafter. In 2009, H1N1 reached 60 countries outside of Africa before Egypt reported its first case two months after its initial discovery in Mexico. H1N1 eventually spread to 41 African countries, with over 8000 cases and 160 deaths on the continent. Overall, the deaths across Africa represented 1% of the total reported deaths worldwide [15]. The COVID-19 pandemic situation charted the same path with the first case reported in Africa on February 14, about two months after the first case was reported in China. It was a great opportunity to learn from the shortcomings of other countries outside of Africa. Experiences from past pandemics are instrumental in the fight against COVID-19 in the continent. Lessons from Ebola such as setting up emergency treatment centers was useful in tackling COVID-19 as it birthed the setup of isolation centers [16]. As cases surged in other parts of the world, different African countries took proactive measures to curtail the spread. Measures such as building isolation centers, and converting schools and other structures that was not in use at the time to isolation centers. In Nigeria, the federal government went ahead to initiate building COVID-19 test centers in strategic locations across the nation to ease the testing process and early detection. These actions were effectively prevented and delayed a rapid spread of the pandemic [17].

However, for the time being, several African nations appear to have gotten away from the brunt of the illness, even as close neighbors Egypt and Algeria have seen developing quantities of cases [18]. Whitworth [19] posits that isolation measures implemented by countries are to a large extent responsible for the rate at which the virus would thrive [20]. Nonetheless, non-African countries along with some African countries, like Egypt and Algeria that had earlier cases were struggling, the rest of the continent took cues to implement necessary measures to prevent and slow the spread of the virus.

Africa has been able to escape the heavy impact of the pandemic due to its adherence to isolation measures and other preventive guidelines such as regular hand washing, the use of face masks and travel bans placed on countries with high contamination rates. Countries in the region took to various mass media to spread useful information about the virus. Public service announcements (PSAs) were aired both on radio and TV as well as on social media. Thereby, availing the public of the necessary guidelines and inducing behavior changes such as wearing of face masks, using hand sanitizers, and regular hand washing [20]. Social distancing was also advised and certain task forces were appointed to ensure strict adherence to this and other COVID-19 guidelines. Prior to these, borders were closed and those flying in from high risk countries were placed under a compulsory 14 day period of isolation [21].

More governments across the continent have taken the unprecedented steps of imposing travel restrictions on travelers from the worst affected countries—most of which are in Europe and Asia—in an attempt to reduce the rate at which the virus spreads. Many countries acted swiftly in implementing total lockdowns, partial lockdowns, bans on large gatherings, curfews, and border closures. South Africa, Cameroon, Mauritania and parts of Nigeria launched massive community door-to-door campaigns to screen people and identify potential cases for

testing. The aim of such country-specific containment actions is to prevent epidemic hotspots from spreading the virus to other parts of a country or region [22]. Lockdowns will vary according to what measures are put in place to mitigate the effects of partial or full closures. These include the direct psychosocial and physical tolls associated with containment, confinement, loss of important socio-cultural activities, and economic hardship [23]. These negative outcomes are also worsened by indirect ones which include economic recession, reduced access to food and other basic needs, the aggravation of social tensions, disruption to education, etc. Measures to mitigate these unwanted effects of lockdown must be as thorough and inclusive as possible. They include distance learning, welfare support, macro fiscal measures, and a continuation of essential healthcare. Such measures are a critically important aspect of lockdown, although they tend to be neglected. Moreover, for communities to comply with directives, African governments must fulfill their reciprocal duties to make compliance safe and feasible.

Conclusion

Collective action and effective global health governance are proven innovative ways for mitigating the effects of COVID-19. Moreover, they can be a panacea for the daily needs of individuals and their communities. In order to effectively harness these frameworks, it is critical that social networks are highly interactive and information flows in open systems. Fluid and effective collaboration between NGOs and governments need to be established as it can foster timely and accurate information/knowledge sharing as well as efficient use of resources. Nevertheless, actions that undermine evidence-based science must be counteracted by an increase in public awareness and a more active civil society presence. As nations go further in the pandemic, applying the lessons learned in fighting previous pandemics is critical. These lessons cannot be generalized but must be customized to fit the context of the locale.

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