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What the world needs is a more accountable global health architecture

By Jeffry Acaba, APCASO

This article was written on the occasion of our online conference "Global Health Champion Germany?!" held on World Aids Day 2021. From HIV to SARS-CoV-2. What have we (not) learned?". We asked Jeffry Acaba to write about his impressions of the second session of the conference, "Global health architecture is changing - Where are the champions?", with a particular focus on the perspective of communities living with HIV, TB and malaria. We have asked for no objective account of the discussions and proceedings of the session. Many thanks to Jeffry for his reflections!

The world is not ready for another global pandemic

Photo: Jeffry Acaba

The COVID-19 pandemic has proven that the world is not ready for another global pandemic. This is not to say that the COVID-19 has been the biggest challenge on health at this scale since the Second World War. Pandemics have continued to confront and break health systems prior to COVID-19, with malaria and tuberculosis affecting many of the low to middle-income countries across the globe since the past century. These two pandemics have sustained the length of time but have been left unabated by many of the richer countries simply because its morbidities and mortalities were not felt. This all changed when HIV was first recorded in the early 1980s, which would then become the biggest pandemic in recent history. However, the approach to responding to HIV in the early days has been shrouded with prejudice, mainly because those who are taking a direct toll were sex workers, people who inject drugs, transgender populations, and men who have sex with men. We did learn from HIV that conscious negligence towards responding to these populations would eventually recoil, and four decades later, despite the tools and the science, HIV continues to spread globally.

Equally, it has been proven that the only way for pandemics like HIV can be overturned, if not delay its spread, is for national governments, political leaders, and multilateral organizations to come together and build a system that would facilitate joint action and consolidation of political and

financial commitments. But to what extent and to how responsive this system is depends on the same actors that participate in shaping and re-shaping the structures that operate within this system, and how accountable this system is to those who are directly and gravely affected by these pandemics.

This discussion on the global health architecture has been the point of focus at the International Virtual Conference titled, “Global Health Champion Germany?! From HIV to SARS-CoV-2 – What have we (not) learned?”, held during this year’s World AIDS Day 2021 and jointly organized by Action against AIDS Germany in cooperation with AIDS Action Europe, Deutsche Aidshilfe, and the Global Fund Advocates Network Asia-Pacific (GFAN AP).

Responses to the new epidemic: established as time-limited global collaboration

Screenshot: Session 2 Global health architecture is changing - Where are the champions?"

When the world grappled with COVID-19 in the beginning of 2020, the World Health Organization immediately organized partnerships that sought to immediately respond to this new pandemic. It was called ACT-Accelerator partnership, or simply ACT-A, as referred to at the session by Dr. Christoph Benn, Director for Global Health Diplomacy at the Joep Lange Institute. It must be emphasized that ACT-A is a “time-limited global collaboration”[1], designed to rapidly leverage existing global public health infrastructure and expertise towards equitable access to COVID-19 technologies including tests, treatments, and vaccines. Two years into the COVID-19 pandemic, however, we see new variants unfolding, which may again potentially challenge this current structure. Hence, I see why there is a ramping call for a pandemic preparedness treaty[2], interestingly being called upon by governments mostly in the Global South.

Dr. Benn also rightfully underlined one of the shortcomings of such global collaboration such as ACT-A. In spite of its possibility has rapidly mobilize financial support and harness existing structures, dominantly donation-based financing limits countries and stakeholders participation in decision-making. While there is an intention to include civil society organizations in the decision-making tables, power dynamics tend to rely and become dependent towards those who have “higher” contributions (i.e. donations). In the case of COVAX for instance, the reliance from richer countries who have the capacity to purchase vaccines in advance took a while in donating their excess vaccines that the transparency and predictability of supplies have hampered the distribution of vaccines especially among recipient, low-income countries, making it difficult for them to plan with their vaccine campaigns[3].

[1] https://www.who.int/publications/m/item/what-is-the-access-to-covid-19-tools-(act)-accelerator-how-is-it-structured-and-how-does-it-work
[2] https://www.who.int/news-room/commentaries/detail/op-ed---covid-19-shows-why-united-action-is-needed-for-more-robust-international-health-architecture
[3] https://www.unicef.org/press-releases/joint-statement-dose-donations-covid-19-vaccines-african-countries

In order to respond to this gap, it would be important to recall that while global solidarity is important, leveraging health as a public good, which requires public investment, is instrumental. However, and in recognition of countries' differing capacities, we can leverage the "common but differentiated responsibilities and respective capabilities" as being employed in climate finance[4], making contributions to health as Party obligations while requiring other members to voluntarily contribute. This approach is not perfect, but it capitalizes on members' obligations in taking health as a public good, while at the same time taking investment in global health as reflective of individual governments' investment in publicly financing and improving financial capacity and sustainability of national health systems. This, then, builds on Parties' obligations to closely monitor and be more accountable to every decision.

Screenshot: Session 2 Global health architecture is changing - Where are the champions?"

The communities` perspective: accountability and community-led responses

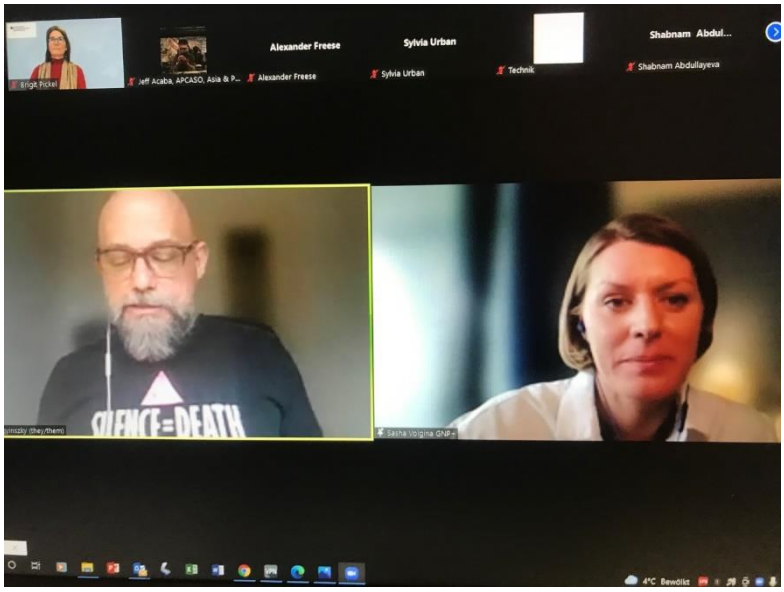
A global health architecture will need to have clearly defined structures and strategies of community and civil society participation to be truly inclusive and accountable. Public participation is not new when it comes to global health. We see these structures already existing at the United Nations' Joint Programme on HIV/AIDS (UNAIDS) through the Programme Coordinating Board (PCB) as well as global health financing mechanisms such as the Global Fund wherein civil society organizations are participating proactively and leading on key strategic decisions of these bodies. Civil society participation in these spaces have redefined health governance, putting more focus to gaps that are often neglected, and putting money where more efforts are required. Many other multilateral agencies have called for the adoption of these same approaches, but without increased and sustained funding to support civil society and community-led organizations and the work that we do at various levels, these pronouncements are only as good as how they were printed on papers. As Sasha Volgina from the Global Network of People living with HIV (GNP+) has said, "community-led responses…improves trust, and gets (communities) involved in planning and ensuring accountability". For a global health architecture to be accountable to the needs of the people, it must find a way to resource community-led responses.

[4] https://unfccc.int/topics/climate-finance/the-big-picture/introduction-to-climate-finance/introduction-to-climate-finance#eq-4

The role of Germany and other Governments in shaping the global health architecture

This is where countries like Germany can champion in shaping a global health architecture that is more accountable to the needs of the people globally, especially those who are mostly left behind. I have heard favorable conversations during the moderated discussion composed of Heike Baehrens from the German Parliament, Paul Zubeil from the Federal Ministry of Health, and Brigit Pickel from the Federal Ministry for Economic Cooperation and Development (BMZ) in support of One Health and strengthening national health systems, and I seriously think that Germany will play a major role in advancing issues such as human rights, gender equality, and civil society participation, especially in countries wherein these fundamental issues are being reduced as a partisan concern. At the same time, Germany will also need to make bolder steps to ensure that the current technologies to respond to COVID-19, including vaccines, are easily and widely accessible – easing pathways for drug and vaccine developments to take place especially in places where the rollout of COVID-19 responses remain low.

Not the same mistakes again!



Screenshot: Session 2 Global health architecture is changing - Where are the champions?"

Two years since COVID-19 has been discovered, we continue to re-learn from the same mistakes that we keep on doing in HIV: having the tools to end a pandemic is not enough. We need to share these tools as timely as we can. We need to ensure that we are funding interventions that are led by populations most affected to respond to the needs of those who are also most affected; and that our voices have a huge stake in dealing with global pandemics. Whether or not the current global health architecture will be redefined or reset due to the ongoing COVID-19 pandemic, what the world needs is an architecture that is more accountable, especially to those who are mostly left behind.

The author: Jeffry Acaba currently work as Senior Programme Officer with APCASO, which advocates for better inclusion and prioritization of community, gender, and human rights (CRG) programming and policy in Global Fund grants in Asia and the Pacific, as well as empowers communities to respond to issues of human rights in the context of health. Jeff is a gay Filipino migrant living with HIV and has 15 years of experience in health governance, policy advocacy, and programme management, and training and capacity-building, and research and documentation.

More Information

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