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Epidemics, global governance and social justice

Health reporter, 10 March 2009

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Feature: [Epidemics for all? Governing Health in a Global Age](#)

Climate change, terrorism and epidemics have imprinted the idea of a vulnerable, interconnected Earth onto the public imagination in recent years. Epidemics, in particular, are seen as presenting the threat of spreading across the world with an unpredictability that fuels fears of systemic, global risks.

Recent disease events and threats, including SARS, avian and human influenza and

haemorrhagic fevers, have brought epidemics to global attention as never before. How to address them has become a major challenge for 21st Century health policy.

The increasing risk from newly-emerging diseases and those with the potential to become epidemic are the result of a complex combination of social, ecological, environmental and economic factors. These factors include land use and migration, livelihoods and food systems, climate change, travel, urbanisation, and health care interventions. Yet current approaches often have a partial view of these interactions and overlook the perspectives of people affected.

This complexity and uncertainty means multiple ways of understanding and addressing epidemics are needed. Instead of long-term commitment to addressing these complex interconnections, global epidemics policy has become about rapid response. Supposedly 'comprehensive' global approaches to global epidemics risk are often narrower than projects oriented to local or regional contexts and concerns.

The organisational landscape of global health has become increasingly pluralised with prominent non-governmental actors such as charitable foundations and partnerships like the Global Fund to Fight AIDS, Tuberculosis and Malaria. These new power relations have created uncertainty about which organisations are 'in control' of global health policy. Issues of national security and sovereignty, coordination, integration and harmonisation have accordingly come to the fore. Meanwhile, in response to the rise of mobile phones and the internet, the World Health Organization has changed its International Health Regulations to enable unofficial sources of information to contribute to decision-making about the control of epidemics.

It is unclear what effects these combined changes will have on our ability to manage complex epidemics risks and on the world's most vulnerable citizens. The struggle to 'succeed' in a disordered environment may force organisations, or states, to adopt similar highly focussed, time-limited intervention strategies with easily measurable outcomes.

By giving local people control over epidemiological information, or defining infectious disease events in terms of long-term environmental change or migration patterns that occur over years and decades, the meaning of global health could change to include more sustainable and equitable measures of health for all.

Integrated disease surveillance systems that move beyond simply combining disease-specific programmes into multiple-disease systems are needed. And the health and health information needs of local communities needs to be put on an equal footing with global surveillance needs.

Recent pandemic threats have taken the world by surprise. It is often implied that this is because of lack of knowledge, poor scientific understanding, and inadequate surveillance systems which can be rectified by more knowledge, more science and more surveillance. However, an appreciation of complex dynamics and multiple framings makes

uncertainty and surprise inevitable. A key challenge is to find policy approaches that work in this context.

Many thanks to Julia Day, STEPS Centre Communications Manager, for writing the content for this Health reporter.

More information:

- STEPS Centre
www.steps-centre.org/
- Sustainable Africa
allafrica.com/sustainable/
- Communicable diseases, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/communicable-diseases
- Governance and health, Eldis Health Systems Resource Guide
www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health
- Global governance, Eldis Governance Resource Guide
www.eldis.org/go/topics/resource-guides/governance/global-governance
- Eldis Health Reporter, September 2008: Focus on disease eradication and elimination www.eldis.org/go/topics/resource-guides/health/health-reporter/september-2008

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Recommended readings

1. Health in a dynamic world

Authors: G. Bloom; J. Edström; M. Leach et al.

Publisher: STEPS Centre, Institute of Development Studies, 2007

Science increasingly promises solutions to health problems through new drugs, vaccines and other technologies. This working paper by the STEPS Centre aims to stimulate thought about how to make the best use of these opportunities and reduce the risks. It brings together thinking from several disciplines relevant to understanding the dynamics of human health and the institutions and governance arrangements for organising responses to disease. The authors propose elements of a research agenda to address emerging health challenges in today's rapidly changing world. The paper focuses on the uncertainty associated with dynamic and complex systems and different ways of understanding or 'framing' these, and the special challenges this presents to individuals and societies in dealing with rapid change.

It encourages debate about the forms of knowledge and governance arrangements for dealing with health challenges appropriate for shaping pathways to sustainability that meet the needs and priorities of specific groups of poorer people. The authors suggest that a variety of factors during the mid to late-20th Century led to a widespread belief in

the inevitability of both economic and technological development, and continuing health improvements. They then explore emerging evidence, as well as new understandings, of the co-evolving nature of human-disease-ecology-technology dynamics. The paper also considers how the realities of health institutional and governance arrangements are unfolding, and how governance arrangements are shaped by and in turn shape systems dynamics.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42420&type=Document

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2. Epidemics for all? Governing health in a global age

Authors: S. Dry

Publisher: STEPS Centre, Institute of Development Studies, 2008

Current global health policy is often dominated by a preoccupation with infectious diseases. This paper from the STEPS Centre seeks to link a set of dominant narratives about epidemics and infectious disease with what is often called the architecture, or organisational landscape, of global health policy. The author shows how policy on the global scale has tended to be oriented towards addressing highly time-focussed outbreaks that threaten to cross international boundaries, rather than longer-term endemic problems that affect the most vulnerable people. Failure to address such long-term changes may make the whole global system itself more vulnerable over time.

The paper analyses how a new organisational landscape and the framing of epidemic disease interact. It explores what effect that interaction has on the ability of the global health community to respond to disease threats of all kinds. The author argues that neither organisational complexity or openness nor rigid lines of command-and-control can ensure resilience in the face of unpredictable risks. Instead, it is highlighted that methods are needed to encourage feedback and integration between competing narratives of health and disease. The author also argues that giving local people control over epidemiological information, or defining infectious disease events in terms of environmental change or migration patterns that occur over years, will change the overall contents of global health policy.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42421&type=Document

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3. The international response to highly pathogenic Avian Influenza: science, policy and politics

Authors: I. Scoones; P. Forster

Publisher: STEPS Centre, Institute of Development Studies, 2008

Over the last decade, the Avian Influenza virus, H5N1, has spread across most of Asia and Europe and parts of Africa. A major international response has been launched, backed by over US\$2 billion of public money. Huge numbers of poultry have been culled, vaccination campaigns have been implemented and markets have been restructured. In addition substantial efforts have been invested in improving human and animal health systems. This paper from the STEPS Centre explores what can be learnt from this experience, and what this means for future efforts to respond to emerging infectious diseases under the One World, One Health initiative, which supports a holistic approach to health incorporating humans and animals.

The paper explores three core narratives that have shaped the response: one focuses on veterinary issues, another on human public health and a third on pandemic preparedness. All have common characteristics, emphasising outbreak control and containment. Missing dimensions are identified, including a lack of attention to underlying disease drivers, issues of poverty and equity, and broader questions of access and governance. The paper examines how discourses of security and risk pervade the discussions, affecting how the response has played out. The authors conclude with a discussion of the emerging challenges, including the implications for organisational architectures, professional training and programme implementation.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42422&type=Document

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4. Biosecurity, bioterrorism and the governance of science: the increasing convergence of science and security policy

Authors: C. McLeish; P. Nightingale

Publisher: Elsevier Science, 2007

This paper published by Elsevier explores recent changes in the governance of science and technology by assessing the relative merits of understanding the development of dual use policy in terms of either technology transfer or technology convergence. ‘Dual use’ refers to the tangible and intangible features of technologies that enable them to be applied to both hostile and peaceful ends with little or no modification. The authors aim to contribute towards the practical development of improved biosecurity policy. They do this by exploring the merits of different ways of understanding biosecurity controls and their role in preventing the proliferation of technological capabilities related to the development and production of biological weapons.

The document aims to address this dual use dilemma and assist policymaking in two areas. First, in relation to science policy, the paper draws on the security and the governance literature to show how seemingly unrelated internal changes in the science

system are part of a coherent expansion of an external security regime. Second, in relation to security policy the paper draws on science policy literature to evaluate the advantages and disadvantages of understanding governance of dual use in terms of either technology transfer or technology convergence. An alternative framework, which understands the dual use problem in terms of technological convergence, is then presented which directs policies at purposes, and aims to disrupt innovation processes. The authors show how this permits a more subtle analysis of the complex interactions between scientific research and technological development. The paper also highlights important differences between ‘dangerous’ science, weapons and weapons of mass destruction. It is argued that the alternative framework also helps prevent policies being overtaken by changes in science and technology.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42423&type=Document

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5. Architecture amidst anarchy: global health’s quest for governance

Authors: D. P. Fidler

Publisher: Journal of Global Health Governance, 2007

A prominent and problematic aspect of health’s political transformation involves the relationship between health and governance. This article in Global Health Governance concentrates on the growing demand for new governance architecture for global health. The author argues that this is just one aspect of the radically changed context of the relationship between the protection and promotion of health and the task of effective and legitimate governance. The growing demand for architecture is examined and the article highlights that the architecture metaphor is inapt for understanding the challenges global health faces. In addition to traditional problems experienced in coordinating state behaviour the author argues that global health governance faces a new problem of “open-source anarchy”.

The article shows how the dynamics of open-source anarchy are such that states and non-state actors resist governance reforms that would restrict their freedom of action. In this context, what is emerging is not governance architecture but a normative “source code” that states, international organisations, and non-state actors apply in addressing global health problems. The source code’s application reveals deficiencies in national public health governance capabilities, deficiencies that are difficult to address in conditions of open-source anarchy. Governance initiatives on global health are, therefore, rendered vulnerable. This document concludes that for the new ideology of health to be an integrated global public good, a major, beyond rhetoric, commitment to capacity development is required.

Available online at: www.eldis.org/go/topics/resource-

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Latest additions from the Health resource guide

1. How can the analysis of power and process in policy-making improve health outcomes?

Authors: K. Buse; C. Dickinson; L. Gilson; S. F. Murray

Publisher: Overseas Development Institute [ES], 2007

An area that contributes to slow progress in achieving the health-related Millennium Development Goals is the analysis of how and why national health policies achieve less than expected, perform differently from expected, or even fail. This briefing paper from the Overseas Development Institute (ODI) argues that national health policies have received less attention than other areas and considers the factors influencing the patterns and effectiveness of health policy change. It then examines how can we move the agenda forward in order to improve health outcomes.

The authors highlight how policy analysis can contribute to meeting health objectives by untangling the complex forces of power and process that underpin change. They argue that health policy analysis has not been adequately developed and applied in low and middle income countries. Building a critical mass of networked researchers and policymakers provides the key to developing the field and improving its contribution to health outcomes. The document then examines what should be on a health policy agenda and provides an outline of commonly used policy frameworks including the Kingdon model of Agenda Setting, which helps make sense of how certain health issues get onto the government policy agenda. The Michael Lipsky's Street Level Bureaucrats model, which is also explained as a method, examines what happens at the point where policy is translated into practice, in various human service bureaucracies.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42190&type=Document

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2. Implementation of Integrated Management of Childhood Illness in Tanzania: success and challenges

Authors: H. Prosper; J. Macha; J. Borghi

Publisher: Consortium for Research on Equitable Health Systems, 2009

This CREHS research report analyses the Integrated Management of Childhood Illness

(IMCI) policy in Tanzania. Two districts in North-Western Tanzania, Bunda and Tarime, in Mara region, were picked to examine the issues around introduction, planning and implementation by district health managers and at facility levels.

The paper finds that:

- the percentage in health workers that are trained in IMCI case management varies between districts. In Bunda, 44 percent of health workers are trained compared to Tarime where only 5 percent of workers are trained.
- the relatively high levels of training in Bunda might be due to early sensitisation of key actors, a higher health budget per capita, local facilitators and strong external support.
- the cost of case management training is high and it is difficult for districts to finance more than one training session per year.
- IMCI suffers from poor visibility and challenges of monitoring impact compared to vertical programmes, reducing the potential for attracting donor investment.

The study makes recommendations to support wider implementation of IMCI in the country. Recommendations relating to implementation issues include:

- the status of IMCI vs other health programmes at district and national levels needs to be enhanced and key managers need to be equipped with better resources to monitor overall implementation.
- strengthening of the health system remains a pillar for success of IMCI. Without required drugs, effective supervision, sufficient numbers of health workers with appropriate skill-mix and geographical distribution, it will be difficult to effectively deliver IMCI.
- communities need to participate to enable them to know what to expect from facilities and their role in completing IMCI.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42156&type=Document

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3. Implementing IMCI in Kenya: challenges and recommendations

Authors: K. Mullei; F. Wafula; C. Goodman

Publisher: Consortium for Research on Equitable Health Systems, 2008

This policy brief, by the Consortium for Research on Equitable Health Systems (CREHS), looks at the challenges of implementing the Integrated Management of Childhood Illness (IMCI) strategy in Kenya. The IMCI strategy, developed by WHO and UNICEF, aims to improve the management of childhood illness at the primary health care level by improving case management skills, improving health care delivery systems and increasing community involvement and awareness of measures to improve child

health.

The policy brief shows that Kenya has made some progress in rolling out the IMCI strategy, however, implementation remains highly inadequate. The 3 main challenges to implementation are: low training coverage, health workers not following guidelines, and barriers to accessing services. These challenges reflect a range of IMCI-specific and broader health system constraints.

The authors outline recommendations for increasing IMCI coverage and implementation. They argue that urgent action is needed to review pre-service training, scale up in-service training, address facility-level implementation challenges, improve IMCI supervision, and build support for the strategy.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42141&type=Document

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4. Working with young women; empowerment, rights and health

Authors: C. Ricardo; al et; Salud y Género; ECOS; Instituto PAPAI
Publisher: Instituto PROMUNDO, 2009

Although there has been a significant amount of work done to promote women's empowerment, most of it has been geared towards the experiences of adult women. This manual, part of an initiative called Program M, includes a series of group educational activities to promote young women's awareness about gender inequities, rights and health. It also seeks to develop their skills to feel more capable of acting in empowered ways in different spheres of their lives.

Modules in this manual include:

- identity and relationships - this section focuses on how gender influences young women's identities and aspirations and the ways in which women and men express themselves and relate to each other
- violence - this chapter explores the many forms of violence that exist, particularly in the context of young women's lives and relationships, and the links between gender, power and violence
- drugs - addresses the different types of drugs that affect young women's lives and relationships and explores the concept of harm-reduction
- young women and work - focuses on the traditional gender divisions which exist in different types of work and the rights of women in the workplace
- community participation - these activities can be developed in a variety of environments including schools, clubs, and community organisations, and are most effective when done with smaller groups of 10 to 20 participants.

All of the activities draw on an experiential learning model in which young women are encouraged to question and analyse their own experiences and lives, in order to understand how gender can perpetuate unequal power in relationships, and make both young women and men vulnerable to sexual and reproductive health problems, including HIV/AIDS. The activities engage young women to share ideas and opinions and think about how they can make positive changes in their lives and communities.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42079&type=Document

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5. Water as a human right for the Middle East and North Africa

Authors: A.K. Biswas; E. Rached; C. Tortajada

Publisher: International Development Research Centre , 2008

In 1992, a United Nations declaration proclaimed water as a human right. However, the water profession and the vast majority of governments in the Middle East and North Africa (MENA) region have not paid much attention.

This online book systematically analyses the legal development of the concept of water as a human right with particular reference to MENA countries. It considers:

- implications for national governments, and international and national organisations
- progress made in different MENA countries - in particular the Palestinian Occupied Territories, Egypt and Lebanon
- water governance and rights-based approaches
- the right to water and the MDGs
- the role of civil society and the private sector
- obstacles to universal access to water-related services and how they can be overcome.

[adapted from the authors]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42063&type=Document

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Announcements

1. Conference: 12th World Congress on Public Health ‘Making a Difference in Global Public Health: Education, Research and Practice’

Dates: 27 April – 1 May 2009

Location: Istanbul, Turkey

This year's World Congress on Public Health, organised by the World Federation of Public Health Associations (WFPHA) and hosted by the Turkish Public Health Association (TPHA), is on the theme of 'Making a Difference in Global Public Health: Education, Research, and Practice'.

The Congress will address the challenges and opportunities for public health organisations worldwide and be an opportunity for getting together with the various professionals and disciplines related to public health, at a national and international level. The event will provide an arena for the latest ideas and experiences in public health education, research and practice to be shared.

Congress themes include:

- Public Health Education for the 21st Century (6 sub-themes)
- Public Health Research & Policy Development (19 sub-themes)
- Public Health Practices Around the Globe (21 sub-themes)

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=41925&type=Item

2. Training: LATH presents short course in international health consultancy

Dates: 11 May 2009 - 30 May 2009

Location: Liverpool School of Tropical Medicine, UK

The Liverpool School of Tropical Medicine (LSTM) and Liverpool Associates in Tropical Health (LATH) have jointly developed an intensive 3 week course in international health consultancy. The course will run twice in 2009: 11th - 30th May 2009 and 1st - 18th September.

The course will be of interest to health management and social development specialists working in government, non government and academic settings worldwide. The aim of the course is to enhance and improve professional knowledge and skills in the provision and management of consultancy services within the context of international health.

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=42237&type=Item

See the complete list of announcements at: www.eldis.org/go/topics/resource-

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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