University of Sussex
Centre for Global Health Policy

BISA

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

The Ebola Crisis: An International Relations Response?

Workshop Summary

The Centre for Global Health Policy convened a one-day meeting on the Ebola crisis together with the BISA Working Global Health Group and with support from the Economic and Social Research Council (ESRC) at the University of Sussex on 28 November 2014. The meeting brought together leading UK scholars on the international politics of health and global health governance to consider the implications of the Ebola outbreak in West Africa for the future of global health governance and global health scholarship. (For more information, please see: http://www.sussex.ac.uk/globalhealthpolicy/events/workshops/ebolacrisis).

Discussions focused on the limits of global health governance in the current outbreak, the usefulness of the idea that 'health is global', the need for increased rapid response capacity at the global level versus strengthening national health systems in developing countries, the securitization of health, and the crisis-mode that has dominated not only the international Ebola response but also the global governance of infectious diseases more generally.

What are the limits of global health governance?
Participants observed that much of the public criticism had focused on the role of the World Health Organization (WHO). While they largely agreed that mistakes had been made, some pointed out that this outbreak should not form the sole basis on which to judge the every-day workings of the entire organization. Others wondered to what extent a sense of failure was also due to unrealistic expectations about global governance, underlying conceptions of what constitutes good governance, and a lack of effective coordination at the global level. Global governance, it was also argued, seemed to have fallen back into international governance in the case of the Ebola outbreak in West Africa.

Is health really global?
Some participants called for a review of the assumption that there should be health governance based on the idea that health is global. The Ebola outbreak had highlighted that – contrary to a much-repeated refrain – diseases often *do* seem to know borders. These borders may not always be state-borders but can be social, cultural, racial, economic or gendered, for example. Yet, participants agreed, the Ebola outbreak also illustrated that health is certainly global in the sense that patterns of, and vulnerability to, disease are often embedded in global structures of inequality and power.

Stronger health systems or global 'rapid response' capacity?
The Ebola outbreak, it was pointed out, had revealed an imbalance of investments in the global governance of infectious diseases emphasizing surveillance to the detriment of response capacity. A discussion ensued about whether response capacity should be built predominantly by strengthening national health systems in low-income countries, or whether it should also

contain more investments in rapid response capacities at the global level. Some participants were skeptical about creating a new UN agency for rapid response, as this might further fragment global health governance and emphasize quick fixes at the expense of long-term solutions that address structural issues underlying infectious disease outbreaks. Others argued that, while national health systems in developing countries needed strengthening, there might also be a rationale for strengthening the capacity of the international community to respond more rapidly to future outbreaks.

Should health policy be securitized?
Some participants criticized the securitization of the international Ebola response because it facilitated the use of military force and trespassed on the policy and practice of public health. Others agreed, questioning whether the military possessed the skills necessary to control infectious disease outbreaks, and highlighted the undetermined role of UK and US military post-Afghanistan. Others, however, pointed out that the securitization of infectious diseases had opened up considerable funding for the development of medicines and vaccines. Without US defense funding, hardly any drug or vaccine against Ebola would be available today.

Politics of spectacle or global health governance?
Several participants voiced a sense of unease about the complex mix of fear and media spectacle that seemed to accompany much of the international Ebola response. It was highlighted that often this was not the fear of the victims of the disease in West Africa but the fear of the West, where Ebola had become an 'iconic' disease. The Ebola response, it was also argued, highlighted particularly starkly a phenomenon that had pervaded global health governance for a long time: the politics of crisis. A focus on events, rather than underlying structures and causes, had driven much of the investment in global health governance in the last two decades. While this approach had mobilized unprecedented resources, it had also entrenched a system of perpetual crisis-response. The exceptional rather than the norm had become the key driver of global health governance, and many agreed this ultimately ran counter to the purpose and function of governance.

List of participants:

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