

# Build back better, together

Patrick Kadama calls for South-South cooperation to build more resilient health systems in the wake of COVID-19



The impact of the COVID-19 Pandemic emerged in different ways across the globe. It caused devastation through unprecedented morbidity and mortality in the North, but its effects in the South were deeply felt largely due to weak health systems, gaps in social safety nets, scarce resources, and other factors of weak social and economic institutions.

This divide distorted the global response to the pandemic. Major gaps exposed include the lack of international solidarity and sharing, including not only reluctance to share pathogen data and epidemiological information, but also resources, technology and tools, such as vaccines. This is contrary to the Nagoya Protocol. There has been disregard of the International Health Regulations and the WHO Code, resulting in recruitment of Health Professionals from the South to plug staffing gaps for managing the pandemic in the North. A North-South divergence in the fight against the COVID-19 crisis has emerged. This has unmasked a fact that at present, 'Global Health' practice perpetuates the very power imbalances it claims to rectify, through colonial and extractive attitudes, and policies and practices that concentrate resources, expertise, data and branding within institutions of the Global North. These colonial attributes of global health place Africa at a great disadvantage for gainful participation in the governance power dynamics which are shaping health policies and responses. This has brought to the fore gaps and structural asymmetry underlying the power imbalances in the vertically structured global health practice between the North and the South. A contextualised consideration of the Africa region is required to meet challenges relating to this spill-over of a colonial supremacy mind-set of the vertical North-to-South Global Health construct.

The role of the horizontal approach of 'South to South' Collaborations (SSCs) in development is characterised as offering a 'unique pathway' that accelerates efforts towards achievement of the SDGs. SSCs is going beyond the aid agenda to integrate a variety of cooperation modes such as those advocated in the 'Kampala Initiative' on cooperation and solidarity within and beyond aid. Studies of SSCs drivers, found that it produces good development results. SSCs must be used to support resilience of institutions to plug gaps that are making it difficult for African countries to mount strong pandemic responses. Measures must ensure that vulnerable populations that are over-represented in the labour-intensive, low-skilled activities that were most affected by lockdowns, particularly the youth, women

and children, are supported to access basic services for health, education and economic productivity for wellbeing.

Cooperation should be designed around three basic areas of concern.

First, there is a capacity deficit requiring scaling up institutional resources to address the relative lack of expertise and technical knowledge, necessary for effective global health dialogue; Think Tanks and professional networks must be strengthened to guide and support delegations from the South, throughout negotiations in multilateral settings, to work for solidarity on common positions – say, in answering to the question of whether the world needs a Pandemic Treaty post COVID-19.

Second, there is fragmentation in the policy space requiring countries to pursue inter-sectoral collaboration for coherence between health and other sectors, to ensure that trade, economic and infrastructure investment policies do not undermine public health, including that education and skills development policies are tailored in real time, to build systems responsive to population needs.

Third, Africa and the Global South must boldly rise-up to the imperative for action to confront and move reforms directed at correcting the historic distortions of an international governance and regulatory environment that emerged from the colonial era and which perpetuates imbalance in power dynamics, hindering international solidarity and sharing. Now more than ever, SSC is required for re-orientation and repositioning of African actors to rise to the occasion as a collective force, to decolonise health governance, health professional education and research, which shall be central to building back-better, resilient health systems across the continent.

The climate of opinions may be contentious but, this is the opportune time when African populations and the Global South, must strongly call upon their delegates to the special World Health Assembly in November 2021, dedicated to considering the benefits of developing a 'Treaty' or similar global instrument on pandemic preparedness post COVID-19, as well as delegates to the Fifth UN-Conference on the Least Developed Countries in Doha, in January 2022, to engage the international community in the spirit of SSC, with a common voice for solidarity on the above concerns, to agree an ambitious new ten-year programme that builds back better and more resilient health systems, to accelerate progress towards the 2030 Sustainable Development Agenda.

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The 2014 Namibian Guidelines for Antiretroviral Therapy and The World Health Organization recommend Fixed-Dose Combination Therapy Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, Geneva, World Health Organization, 2013, (<http://www.who.int/hiv/pub/guidelines/arv2013/en>)

