

Exploring the important lessons about global cooperation in public health

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22 Jul 2021

The Covid-19 pandemic was a stark reminder of the role that global public health has for all aspects of our lives and livelihood. More so, it revealed important lessons about global cooperation in public health that must not be forgotten.



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Despite the challenges of combating a once in a century pandemic—including the yet untold numbers of lives lost and the economic hardship that came with lockdown measures—there is also much to be celebrated and upheld. Global collaboration by scientists resulted in the record production of multiple vaccines effective against the virus, and it is imperative that countries collaborate to address this global threat.

Today, we are seeing the consequences of underinvestment in global public health. In Africa, for example, where more than 16% of the world's population lives and where there has been significant development in the continent's infrastructure and scientific capacity, yet only 3% of the world's clinical trials are conducted.

Africa has 94% of global malaria cases, but only 1% of the more than \$1.1bn annual commitment to eradicate malaria reaches research institutions based in Africa. Dr Shabir Madhi, professor of vaccinology and dean of Health Sciences at the University of the Witwatersrand in South Africa, attributes these data points to the legacy of power imbalances in the global health agenda. The lack of prioritisation of global health funding for Africa has resulted in just 4% of Covid-19 research being conducted in Africa.

The development of Covid-19 vaccines happened with remarkable speed, from the usual ten plus years it takes to develop a vaccine and bring it to market to 10 months. But the lack of global equitable access demonstrates that innovation without access furthers the global health power imbalance.

When Africa is not included in global clinical trials because of a lack of funding or lack of access, vaccine distribution is challenged by rising rates of vaccine hesitancy, besides limiting the ability to generalise findings to only a subset of variants of the virus. Beyond clinical trials, organisations like Institut Pasteur de Dakar have collaborated during the pandemic with European partners to develop inexpensive, rapid point-of-care diagnostics for Covid-19 that can be produced in-country. The African Union and Africa Centres for Disease Control (CDCs) are also leading the aspirational efforts to advance technology transfer, regulatory mechanisms, networks and other elements of a comprehensive ecosystem to enable local production and access to vaccines on the continent.

Ahead of the pack: Academic institutions

Another sector leading the global public health charge are universities and research institutions. While they face the same lack of funding and resources, during covid-19, “Universities have around the world risen with great courage and enthusiasm and purpose to deal with the pandemic through partnerships with government, national public health institutes, and other universities,” said Dr Jeffrey P Koplan, vice president for global health at Emory University and former director of the US CDC. There is a clear need for universities, across Africa and Asia, to equip tomorrow’s public health leaders with the skillsets that were called upon in this outbreak, which range from social science and epidemiology to economics, from negotiation to program management, from community engagement to risk communication.

Universities hold a unique role in unifying global public health, medicine, national development, economics, and international relations to create integrative approaches and use evidence-based research to solve social problems and identify new methods for treatment and prevention. Now is the time to harness the lessons learned from this pandemic to equip and train the next generation of global public health leaders with the skillsets needed for tomorrow’s challenges.

Safeguarding against future pandemics

Collaboration in the sciences may be challenged by global diversity and lack of funding, but there is an opportunity for the world to contribute to and to learn from Africa, which Professor K Srinath Reddy of the Public Health Foundation of India (PHFI) described as the “past, present, and future of humanity.” Major disease outbreaks occur, on average, every three years, according to Professor Bill Hsiao of the Harvard TH Chan School of Public Health. With those outbreaks come countless lives lost and trillions of unrealized economic costs. No country alone can respond to a global health pandemic, and as variants and outbreaks arise in different parts of the world, the lesson is being realised that no country will be safe until all countries are safe.

Surveillance against future pandemic or epidemic outbreaks is an ongoing need, and international cooperation is required in these efforts. To support that, political leadership and the commensurate financial investment is required. A strong public health system also requires stable policies across changing political parties. How World Health Organisation (WHO) member states decide to collect and transparently share that information and data remains an open question, but it is nevertheless an international security issue that must be addressed. Dr Rebecca Martin, director of the Center for Global Health at the US CDC, describes surveillance as “not something we pick up day before an event; it’s a muscle we strengthen every day.”

Surveillance begins at the community level, with collecting signals and warnings that can be reported to the national level. Indeed, these efforts to strengthen global surveillance and agencies like the WHO will begin at the country level.

Africa’s global public health agenda against future pandemics

At the Africa CDC, efforts are already underway to reimagine the global public health order in preparation for the next pandemic. Dr Ahmed Omgwell Ouma, deputy director, calls for not only an early warning system, but better preparation to rapidly respond to the next outbreak, which starts with strengthening institutions at all levels: global and continental, subregional and national. Surveillance efforts need a stronger workforce and the rapid sharing of surveillance data. Likewise, response efforts require a rethinking of global health, in a way that is built on action-oriented partnerships and mutual respect, including a rethinking of the global supply chain for medical supplies and vaccines.

Our lives are inter-dependent, within countries and across regions. Over the past 15 months, we have often heard statements like 'the virus respects no borders', 'we are in this together' and 'no country will be safe until we are all safe'. Global cooperation is indeed essential for addressing Covid-19, and for responding to other major threats to sustainable development.

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