



Africa and Global Health Governance: Domestic Politics and International Structures

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detracted from important policy debates' (p. 149). Gouws's chapter reflects on the voice of women during the elections. In a patriarchal society like that of South Africa, discussions on women's voting preferences and party 'gender blindness' are particularly important. Gouws addresses these issues and more, and includes a particularly interesting section on feminist activism prior to the elections (pp. 160–162).

The book moves to its logical end with two chapters analysing the national and provincial election results, before ending on a rather mixed note. In the concluding chapter, Southall and Shulz-Herzenberg posit that while voter preferences for 'centre' parties seem to suggest a maturing of South Africa's democracy, declining voter participation and rising extremism also threaten the quality of the country's electoral democracy. This means South Africa has to be more vigilant than ever in guarding its democratic project.

Election 2019: Change and Stability in South Africa's Democracy is a worthwhile read for academics and practitioners alike who are concerned with the quality of vertical accountability in South Africa. Peppered with statistics and easy-to-read (often fascinating) tables and figures throughout, the volume is well edited and covers some of the more complex material around elections in a manageable and informative way.

Note

1. Roger Southall and John Daniel, eds., *Zunami! The 2009 South African Elections* (Sunnyside: Jacana, 2009) and Collette Schulz-Herzenberg & Roger Southall, eds., *Elections 2014: The Campaigns, Results and Future Prospects* (Sunnyside: Jacana, 2014).

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Global health scholars widely recognise that pathogens do not respect national borders. The way in which states respond to these threats is therefore a convoluted process informed by the structure of the international system, the global health governance regime and states' domestic contexts. Indeed, these responses are crucial not only for epidemiologists, but also for international relations scholars, since global health issues generate patterns of co-operation and the rearrangement of international organisations, with consequences for human survival. In *Africa and Global Health Governance: Domestic Politics and International Structures*, Amy S Patterson delves into this issue, analysing global health institutions – what they propose, measure, promote or assert – and how African states respond to them. In doing so, she provides a valuable contribution to the literature that can offer insight into African responses to, for example, the current Covid-19 pandemic, and ways in which these could be strengthened.

Over five chapters, Patterson considers African states as agents in global health governance, analysing their implementation of health policies formulated at the global level. The focus here

is novel: Patterson considers the agency of African states – a departure from the traditional focus on the often-disempowering structure of the global health governance system. By analysing HIV/Aids, the 2014–2015 Ebola outbreak in West Africa and noncommunicable diseases (NCDs), she identifies three patterns of response: acceptance (African states use rhetoric and action to actively shape global health policy, which they then adopt); challenge (states reframe the issue, in effect attempting to change the accepted global health response and wrest control of it); and ambivalence (a lack of consensus over the issue translates into either inaction or half-hearted action).

In part, the book's value lies in its description of African states' participation in a specific area of global governance, and its appraisal of the political incentives that encourage or discourage participation. Moreover, in considering the domestic determinants of states' involvement, two aspects emerge: the importance of democratic institutions and neopatrimonial governance.

In Patterson's typology, African states' responses to HIV/Aids have been characterised by acceptance: on the whole, countries have complied with international norms around this issue. That's not to say there wasn't strong resistance initially (in the 1980s and 1990s). Competing framing of the issue, the struggle for democratic consolidation in the wake of the Cold War, cultural constraints and neoliberal ideology, among others, posed challenges to the implementation of global frameworks on HIV/Aids treatment. By 1996, however, with the creation of UNAIDS, a new context that promoted human rights – inclusion, non-discrimination and access to treatment, for example – dovetailed with countries' domestic institutions. Though the funding landscape benefitted many neopatrimonial states, Patterson argues that, to some degree, it also allowed civil society to achieve some mobilisation success (despite the hardships of stigma and social exclusion).

Patterson presents the health crisis of the 2014–2015 Ebola outbreak as an example of how African states challenged global health governance. First, because the outbreak had three epicentres – Guinea, Sierra Leone and Liberia – it created a measure of international confusion. Added to this was that it differed from previous Ebola outbreaks (it was the first in West Africa); it spread in urban areas; and it broke out in Liberia's post-war landscape. Second, a slow response from international donors led to contested framing of the issue on the global agenda. Third, as the World Health Organization (WHO) failed to act to ensure travel restrictions – and African states did so in that vacuum – a pattern of challenging global norms unfolded. Patterson writes: 'Norms of sovereignty competed with those of cooperation and humanitarian intervention, with sovereignty empowering African states to act' (p. 99). This challenging behaviour was especially evident in Liberia, where 'state officials insisted that Liberians, not international actors, direct the response' (p. 101).

Furthermore, African states set aside the binding International Health Regulations, and the WHO proved unable to enforce them, Patterson argues. As a result, the outbreak showed not only the limits of global health governance on African states, but also – as Moon et al argue elsewhere¹ – the political boundaries of the WHO.

When it comes to NCDs, the African response has been largely ambivalent. In a nutshell, states' responses to NCDs tend to be erratic due to weak and fragmented international institutions, limited global funding and competing issue frames. African countries play a minimal role – if any – in global health diplomacy around NCDs, suggesting a lack of saliency around the issue for them. So rather than challenging or accepting global framing of NCDs, African states take little action due to unclear commitments, concerns around sovereignty, and lack of interest from neopatrimonial states. Part of this lack of salience is the underexplored issue of the 'commercial determinants of health' – transnational companies, such as 'Big Tobacco' and their impact on national health responses to NCDs.

Patterson's analysis offers useful insights for policymaking in future epidemics, including the Covid-19 pandemic of 2020. In particular, her analysis of states' response to Ebola – a situational public health event, like Covid-19 – and how they challenged global health governance, is useful, given how states often had to act in the absence of useful WHO support in managing that epidemic. While international health recommendations may be broadly accepted when it comes to Covid-19, the particularities of African states – for example, the difficulties of implementing quarantines due to poverty and the prevalence of informal economies – means a 'challenge' model is likely as states search for the best possible local response to the novel coronavirus.

First, the ability of states to manage Covid-19 transmission is contingent upon their implementation of the stringent measures of detection, prevention and control that they developed during the Ebola epidemic.

Second, the challenging behaviour Patterson notes implies a paradigm shift in public and global health policies: from a reactionary paradigm to a systemic and preventive one, focusing on local adaptations to global solutions rather than simply 'copy-pasting' strategies from abroad.² Surveillance tools, such as the Infectious Disease Vulnerability Index and the INFORM Epidemic Risk Index, which assess levels of risk to diseases with the aim of building local preparedness, may contribute to the building a preventive health regime at the national level.

Third, challenging behaviour may offer African states the opportunity to update their own pandemic preparedness by focusing on national public health capabilities and infrastructures.³ Within this, however, they should themselves co-operate to avoid a fragmented response or competition for foreign resources, and to improve public trust.⁴

Fourth, public health implications of infectious diseases – Ebola in particular – extended well beyond Western approaches, many of which consider African health problems as intractable.⁵ Their management needs to take into account intrinsic domestic variables, as Patterson clearly shows. Indeed, domestic factors, when considered along with international structures and institutions, offer a holistic explanation and roadmap for the prevention and control of future epidemics.⁶

In *Africa and Global Health Governance: Domestic Politics and International Structures*, Patterson brings together solid empirical research and a strong analytical framework to show how African states are 'not merely ... "acted on" in international structures, but [are] also "actors in" these structures' (p. 173). As such, she argues, a critical assessment shows that Africa's role in global health governance is not just as 'norm-taker', but also as 'norm-maker'. With this contribution, she has produced a comprehensive, must-read text for those interested in global health management and diplomacy.

Notes

1. Suerie Moon et al., 'Will Ebola Change the Game? Ten Essential Reforms Before the Next Pandemic. The Report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola,' *The Lancet* 386, no. 10 009 (2015): 2 204–21.
2. Elizabeth Paul, Garrett Brown, and Valery Ridde, 'Covid-19: Time for Paradigm Shift in the Nexus between Local, National and Global Health,' *BMJ Global Health* 5, no. 4 (2020).
3. Marius Gilbert et al., 'Preparedness and Vulnerability of African Countries against Importations of Covid-19: A Modelling Study,' *The Lancet* 395, no. 10 227 (2020): 871–7.
4. Patrick Vinck et al., 'Institutional Trust and Misinformation in the Response to the 2018–19 Ebola Uutbreak in North Kivu, DR Congo: A Population-based Survey,' *The Lancet Infectious Diseases* 19, no. 5 (2019): 529–36.

5. Laurie Garrett, *Betrayal of Trust: The Collapse of Global Public Health* (Oxford and New York: Oxford University Press, 2001).
6. Sam F Halabi, Lawrence O Gostin, and Jeffrey S Crowley, eds., *Global Management of Infectious Disease after Ebola* (Oxford and New York: Oxford University Press, 2017).

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