Policy Brief

G20 AS A HUB FOR MULTI-LEVEL GOVERNANCE IN A PANDEMIC RESPONSES

Task Force 6
Global Health Security and Covid 19
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Abstract

This policy brief proposes a framework for regional cooperation and coordination of preparedness against any probable pandemic. We have learned from COVID-19 pandemic that coordination between national and local governments in one country and across countries to prevent covid faces many problems. Today's world is characterized by multi-level governance. Based on this context, we recommend establishing regional and international cooperation to ensure coordination across multi-level governments. In addition, G20 shall establish a hub for regional data sharing using the same or inter-operable digital platform allowing timely information transfer across countries and regions. Thus, it could serve as a hub for data sharing (including disease surveillance), prevention of the spread of health risks or health threats, supporting the production and procurement of diagnostics, medicine, vaccine and other supplies development. This policy brief highlights the importance of regional cooperation and coordination, especially in data sharing (and creating a common biomedical space), travel policies synchronization, and vaccine development.
Challenges

The COVID-19 pandemic initiated in upper-middle-income and middle-income countries, that was China in the beginning, and the delta variant appeared in India and omicron emergence in South Africa. However, in contrast, high income countries that finally suffer more from huge economic losses although the prevention of COVID and immunization to prevent COVID were dominantly occurring in high income countries and less in low and middle-income countries (LMICs). This situation may emerge with new mutants or variants in LMICs that will finally generate higher losses in high income countries. The investment of the diagnostic capability, vaccine development and drugs development that are currently concentrated in high income countries may generate further disparities in managing a pandemic. Political dialogues and consensus to ensure universal access to early detection up to full treatment to any health threats need to be established to get commitment for adequate financing and commitment to build capabilities of LMICs on managing the health threats.

Health disparities have previously been recorded during pandemic responses, spanning from disparities in supply, human capability, data and digital capabilities, financing to the interest across countries. A significant shortage of the medical supplies and vaccines during the rise of COVID-19 cases showing the challenges in procurement and delivery bottlenecks. Dependency of supplies to the few countries was drawn, demonstrating inequity in providing supply of COVID-19 preparedness. Pilkington et al (2021) shows that developed nations reached immunization rates of 75–80% in the first year of COVID-19 vaccine distribution, whereas low-income countries only vaccinated about 10% of the population.

Disparity in terms of supply and demand of the health workforce specialized in infectious disease also widely emerged in most countries, stimulating several policies to respond the surge capacity during pandemic response. Another disparity that is known affected the people to reach out healthcare facilities is the digital access disparity, in which most of interaction occurred using digital platform. UN Secretary General urges that as the world growing dependency towards internet, individuals who don’t connect risk being left out. The bulk of the 3.7 billion people on the planet, most of whom are women and reside in poor nations, are still offline. Moreover, Internet connections are not fully stable yet worldwide, causing people in remote areas experienced delay in receiving information what they should do to prevent the virus spread or to act upon the emerged symptoms. Financial problems also exacerbate COVID-19 impact on developing countries. The estimates from Stubbs et al 2021 shows that developing countries
need about $2.5 trillion to fund their response to pandemic. They cannot provide it by themselves meanwhile regional finance agreement can only cover a small part of it.

The COVID-19 has revealed that regional cooperation is one of the necessary measures, amid the limited capabilities of each country in overcoming the crisis. Throughout the pandemic, some regional organizations, such as the Association of Southeast Asian Nations (ASEAN) and European Union (EU), have developed specific mechanisms for cooperation. The EU and ASEAN have recognized the need to take a multilateral approach, such as cross-regional coordination to exchange best practices among policy practitioners and medical experts.

Unfortunately, while cooperation has emerged as a measure to prevail over the limited capabilities, sustainable cooperation has faced many challenges. As the foundation of regional cooperation is solidarity, the diverging interests of each member resulted in halted implementations of the pre-existing agreements. While ASEAN members disagree with the agreed terms of regional cooperation and choose their path, some EU members feel they did not benefit from such cooperation. These nationalistic retrench resulted in underdeveloped regional cooperation, illustrating a ‘regionalism dysfunction’ illusion.

As a global multilateral forum, the G20 is at a strategic intersection between global governance actors, regional organizations, and member states. Not only has it demonstrated capability to build solidarity between the world’s developed and developing powers, but it has also become a vital joint in multi-level governance, especially in COVID-19 health governance.
Recommendations

Among many disparities, conflicting interests is the main problem. It emphasizes the organizational culture of the bureaucracy in each country, which can create a problem. The G20 must ensure that the representatives of countries in the G20 are the right people in terms of skills and competencies. The placement of these competent people is necessary to build trust, especially since the G20 involves many different organizational cultures in each stakeholder.

Policy dialogues by leaders of G20 or in regions are necessary to reduce conflicting interest. G20 needs to ensure that each relevant ministry and stakeholder at the state level are on the same page and consider this bureaucratic commitment necessary. The problem in the bureaucracy is usually the sectoral ego. For this reason, the G20 needs to provide a cross-ministerial forum and relevant stakeholders that meet regularly on the sidelines of high-level meetings. In doing so, they can define and agree on the same joint outcomes, thus avoiding the emergence of diverging interests in the future.

The G20 can act as a coordinating hub regarding data sharing, synchronization of policies, and resources development. Making sure that consensus internationally may be difficult due to many variations in political interests, capabilities, and income capacities. The G20 can build an easily accessible and integrated accountability framework. This system should be online, which must include uploading shared data, country’s performances, and best practices. All of these aspects should be shared with the same template. The system created by the UN Global Compact can be used as a reference. This system should be open access for members, especially in the best practices aspect, so relevant stakeholders can adopt this good example.

Establishing regional cooperation that possess almost uniform/similar conditions or common interest. In addition, some health threats might spread relatively in one region. First, regional cooperation refers to domestically tied and neighboring countries (e.g., ASEAN or EU), which share regionality and borders. One of the countries in the region which is a locus for potential pandemics has a higher chance of spreading to neighboring countries. The example is avian influenza is unlikely to spread from Jakarta to New York but more likely to spread from Jakarta to Hanoi. So, the consensus in regional countries should be confirmed first before the disease spreads globally. Second, this regional cooperation potentially involved private sectors working for the same vision, preventing the spread of the future health threat. Partnering with regional private parties may accelerate the cooperation that aims to reduce the delay in reporting the necessary data.
Exerting efforts in identifying regional health threats in the future. Investing in capacity for genomic sequencing (human resources as well as infrastructure) for identifying potential health threats, particularly ones that are potential to become the next pandemic. Further, strengthening laboratory capacity for better specimen handling.

Implementing a regional shared dashboard for surveillance of infectious diseases. Countries in shared regions might have similar backgrounds in terms of collective roots, culture, and systems (economic and health). Sharing data across countries, including genomic profiling and rising pathogens might provide a transparent background of development of certain infectious diseases. Second, mobilizing resources for adequate financing of sustained and institutionalized regional collaboration. Next, sustainable financing in the form of shared or pooled funds (e.g., intermediary fund) will serve as the basis for operation of shared regional collaboration for enhanced surveillance and rapid mitigation of the next pandemic. Lastly, establishing an agency working as an independent ‘third party’ implementer of shared collaboration. Once regional collaboration has been established, global collaboration should be assessed to address international threats.
References


