

Introduction

Jeremy Youde

Writing in *Foreign Affairs* in 2007, Michael Osterholm of the University of Minnesota warned:

No one can predict when the next pandemic will occur or how severe it will be. But it will occur for sure, and because of the interdependence of the global economy today, its implications will reach far beyond its toll on human health...Yet the issue has generated only limited attention in both the public and the private sectors worldwide because preparing for a pandemic is a daunting challenge to begin with and because disaster has not yet struck. But that good news could turn into very bad news if it leads to slacking off on preparedness activities today. In a world filled with competing international priorities, preparing for something that may not happen in the next year may seem hard to justify in terms of both financial resources and time, but that is no excuse for inaction.¹

Osterholm highlights a key dilemma for the global health community. It is inevitable that the world will face an infectious disease pandemic, and it will need to establish the structures and systems necessary for governments and economies to continue to operate. This requires a substantial investment of time and resources by both state and non-state actors. However, we have no way of knowing what the next pandemic will be or where it will strike. Such ignorance makes it difficult to generate the political will necessary to make the necessary investments. Furthermore, it is not entirely clear what the proper preparations even are.

Pandemics present significant governance challenges. Everyone wants to be prepared, and no one wants to be a Cassandra. The question is: how can the international community properly prepare for this governance challenge? The contributors to this special issue of *Global Health Governance* use historical and contemporary perspectives to assess which strategies are likely to work, which may be misguided, and what sorts of challenges are on the horizon.

Sara Davies, the ARC Postdoctoral Fellow at the Center for Governance and Public Policy at Griffith University, provides an intriguing introduction to the governance implications of infectious disease pandemics by asking a simple question: what does it mean to reconceptualize pandemics as natural disasters? She investigates the International Law Commission's recent deliberations that seek to extend protections to victims of hurricanes and floods to disease outbreaks. Of particular interest, Davies questions whether the international community has a duty to intervene when national governments prove unable or unwilling to assist disease outbreak victims. Using Zimbabwe's recent cholera outbreak as a venue for exploring these questions, Davies examines the balance between national and international responses in the face of infectious disease outbreaks.

At the global level, the International Health Regulations provide the framework for sharing epidemiological information, encouraging cooperation, and preventing

pandemics. This international agreement has undergone substantial revisions, with the new version coming into effect in 2005. While the current iteration expands the range of diseases covered and encourages a broad-based response, questions remain as to its efficacy. Rebecca Katz and Julie Fischer look at how well the IHR (2005) preformed in its first real test with 2009's H1N1 outbreak. Katz, an assistant professor of health policy and emergency medicine at George Washington University, and Fischer, director of the Global Health Security Program at the Stimson Center, praise the IHR (2005) for promoting communication and information sharing that prevented H1N1 from causing more cases of illness and death. However, they note that many of the actions taken by governments reveal continued tensions between national sovereignty and global policy responses. Governments may recognize the need for collaboration to effectively arrest disease epidemics, but many are unwilling to cede control to supranational bodies (especially when it is not entirely clear what the mandates of those bodies are). This tension could pose particularly acute difficulties when there is a more severe disease outbreak.

Rachel Irwin of the London School of Hygiene and Tropical Medicine's Health Policy Unit pays particular attention to the information-sharing mandates within the International Health Regulations. What happens when a vital country refuses to share information with the World Health Organization? In 2007, Indonesia announced it would stop sharing influenza virus samples with the WHO because it feared those samples would be used to make vaccines that Indonesians could not afford. Irwin examines how the WHO and Indonesia came to such an impasse and what this case says about global health diplomacy and the efficacy of the International Health Regulations.

One area that the IHR (2005) particularly emphasizes as key for mitigating the effects of disease pandemics is surveillance. Two articles in this special issue specifically address the usefulness and efficacy of emphasizing biopolitical surveillance to prevent pandemics. Frank Smith, a Research Fellow at Griffith University's Asia Institute, argues that the international community overemphasizes surveillance systems to its own detriment. Their benefits are largely overstated, he argues, and the resources directed toward surveillance systems could be better used in other areas. Medical treatment and infection control measures have done more to prevent recent disease outbreaks than surveillance. Instead of seeing surveillance as necessary, Smith argues that we should understand it as a luxury good.

Josh Michaud similarly focuses attention on the efficacy of disease surveillance, but from a different angle. Michaud, the Senior Research Associate with the Global Health and Foreign Policy Initiative at the School for Advanced International Studies at Johns Hopkins University, agrees that the surveillance systems have not lived up to their potential, but he sees the flaws as a collective action problem. If we want effective surveillance systems, he argues, we need to move away from a state-based system to one that views surveillance as a global public good. Such a reorientation, along with trust-building measures and properly structuring international organizations, will allow the international community to take advantage of the benefits of robust surveillance systems.

The final four articles focus on particular disease threats and current efforts by the international community to prevent widespread outbreaks. In 1976, many in the United States feared a widespread swine flu outbreak after a previously healthy Army recruit died suddenly of the disease at Fort Dix, New Jersey. Thirty-three years later,

fears of a swine flu pandemic again arose after a 5-year-old boy in La Gloria, Mexico, fell ill. James Ricci, an associate lecturer in politics at Cardiff University, examines the lessons learned about preparing for and combating swine flu between these two events. Ricci pays particular attention to the production and distribution of vaccines. He argues that these mechanisms demonstrate that influenza responses are still largely driven by national, rather than global, concerns.

Donald Avery, professor emeritus of history at the University of Western Ontario, examines how fears of an influenza pandemic have encouraged the development of regional health security regimes in North America. Canada, Mexico, and the United States came together in 2007 to create the North American Plan for Avian and Pandemic Influenza, coordinating actions among all three countries. Avery argues that NAPAPI largely proved successful, demonstrating that national governments can collaborate on transnational public health matters in a mutually-beneficial manner. Further, by establishing these connections prior to a specific disease outbreak, countries can take advantage of an established infrastructure when the need arises.

Rachel Schwartz of St. Louis University and Jonathan Schwartz of the State University of New York at New Paltz remind us through their examination of government responses to SARS in the United States and China that infectious disease control strategies are not merely technocratic exercises. Their case studies illustrate how political and economic interests can affect when and how a government chooses to respond. Furthermore, the interests of local-level responders, factions within the national government, and international organizations may not necessarily align with each other. Schwartz and Schwartz illustrate clearly how responses to disease outbreaks are intimately connected to the larger political debates that exist within a state.

Finally, Jennifer Prah Ruger addresses efforts to control the spread of extensively drug resistant tuberculosis, or XDR-TB. XDR-TB is incredibly difficult to treat, as it is resistant to both the main first-line treatments for tuberculosis and at least three of the six leading second-line treatments. Concerns about XDR-TB intensified in 2007 when a man believed infected with XDR-TB, Andrew Speaker, flew from the US to France and then crossed numerous international borders by plane and car. Speaker's travels could have exposed thousands of people to potential XDR-TB infection and violated warnings from public health officials. Ruger, an associate professor in the Schools of Medicine, Public Health, and Law at Yale University, analyzes the Speaker case to investigate the proper role for state, national, and international public health officials in addressing global public health threats. Her analysis elucidates the underlying causal factors that gave rise to this case and how the creation of standardized procedures at all levels could prevent such cases in the future.

All nine articles in this special issue illuminate that, despite the international community's best efforts, there remain significant areas for improvement in preventing and mitigating the effects of infectious disease pandemics. States have taken significant steps toward coordinating actions and sharing information, but tensions between national and international needs continues to bedevil such efforts. While these articles do not point toward a specific solution, the collective analysis presented here suggests areas that deserve serious attention from state, non-state, and international actors.

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¹ Michael Osterholm, "Unprepared for a Pandemic," *Foreign Affairs* 86, no. 2 (March/April 2007): 48.