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# Global, Regional and Comparative Perspectives

## Global, Regional and Comparative Perspectives: A Discussion

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The pandemic raises a variety of governance issues which can be considered from global, regional and comparative perspectives. Several of the authors in this section and some other colleagues had the opportunity to discuss these different perspectives. This space for dialogue provided an opportunity to reflect upon commonalities (and differences) between regional systems and the similar challenges faced by citizens when seeking to engage with their governments about the adequacy of responses to Covid-19.

The pandemic brings to the fore the importance of global health governance, global solidarity and collaboration but these objectives have been largely thwarted by the wider trends of declining multilateralism, to which the global health sector has not been immune. The capacity for the WHO to respond effectively to the pandemic by, for example, promoting cross border efforts to tackle the spread of the virus and working to find a vaccine, have been made difficult by the organization's dependence on State collaboration under the International Health Regulations and by its restricted budget. But in other respects, international organizations have shown a greater willingness to think outside of their usual toolboxes (they tend to focus on delineating state obligations). Whilst increasingly providing a space for a multilateralist response, they have also shown unusual creativity in identifying the variety of roles that actors additional to states can play to address health and related needs, and in recognising the importance of transboundary collaboration.

Authoritarian and populist tendencies have fed off of the decreased interest in engagement with multilateral organizations. Many states have responded introspectively, some even nationalistically, to the virus, preferring to see Covid-19 as something which has come from outside, developing or fostering a narrative of "us versus them." This focus on stopping the virus from coming in, as a foreign "invader," is exemplified by the rush to close borders. The focus was in many ways a false narrative, given that the virus was already spreading within countries. All it managed to do was to deflect political attention away from what countries were doing (or failing to do) internally to prevent the spread of the disease and to afford essential health care.

But the narrative is slightly more complex, than a simple picture of waning support for multilateral institutions. Some countries like China have stepped up their bilateral support to African states as well as to the WHO, and there are many examples around the world of *ad hoc* bilateral support (sending medical teams; hospital equipment and protective gear).

The anti-multilateralist tendencies, as well as other unrelated, unresolved debates about the relationship between the European Union legal order and that of Member States, have

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complicated and arguably weakened the capacity of the EU to adopt and implement successfully, European-wide pandemic responses, and at the same time to address the authoritarian tendencies of several Member States. This problem was less apparent in Africa, where the recent experiences with Ebola underscored for states the need to work collectively to address effectively global health challenges. At the same time, weak internal governance, a culture of coloniality and dependence as well as the failings of the international economic system to help countries to emerge from poverty, have impeded the effectiveness of responses to Covid-19 in many African countries.

The Inter-American human rights institutions have played an important role in framing states' responses to Covid-19 in human rights terms, not only giving meaning to the right to health but also articulating states' due diligence obligations to protect particularly vulnerable sectors of society. This is mirrored to an extent in Europe by both EU and Council of Europe human rights machinery, though less so, perhaps in Africa, where responses to Covid-19 have been framed (almost exclusively) by the African Union's African Centre on Disease Control.

Both Sandoval and Fujita explored another set of governance concerns, linked to the relationship of the state with its citizens, access to justice, truth and equality. Sandoval, focused on the special measures the Colombian Special Jurisdiction for Peace should put in place to enable conflict victims to participate in transitional justice proceedings in the context of Covid-19. Even before the pandemic, access to justice for conflict victims – some of the most marginalised in Colombian society – was a difficult prospect. While there are huge technical challenges to use virtual hearings during the pandemic, Sandoval note that technology also provides important opportunities for victims to participate if key measures, explored in the paper, are put in place.

Fujita explored citizens' challenges to access information in Japan, exacerbated by Covid-19. Part of the challenge relates to the lack of independence of the media, which has been made worse by the emergency situation, coupled with the failings of the Japanese government to provide clear, accessible and transparent information. Not only does this lead to confusion, it also can contribute to deaths if individuals do not know when they should go to the hospital or how to get tested. Part of the worry is that the Government's efforts to safeguard the possibility to host the Olympic Games in 2021 and to address the International Olympic Committee's concerns, overtook its commitment to supply transparent public health information to Japanese citizens. The concerns about media independence foreshadow wider worries about the government's tendency towards the securitisation of public health in its approach to states of emergency, a problem also made very apparent in Marique's paper.