

# Global Health Challenges: COVID and Beyond

## Embodying Crises: Affect theory and Contemporary Global Health Challenges



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### Abstract

Underscoring the importance of our ongoing embodied responsiveness to socio-material encounters as a form of sense-making, theories of affect have proven generative of new conceptualisations of issues central to contemporary practices of security amidst different crises. Affect has provided a framework, for instance, for extending our critical engagement with the formation of practices of intervention, recalibrating our understanding of the different impacts that crises bear on communities and reappraising how futures are imagined and oriented towards in the present. But how might affect be applied to global health challenges generally and specifically in the midst of Covid-19? In this paper, we understand the analysis of affect as a feminist mode of inquiry (Ahall 2017) into whose health and security are ultimately valued and acknowledged most (Nussbaum 1997), since it is through the translation of affective relations into health governance that needs and (in)securities are prioritised and agreed as shared perceptions (Ahmed 2004). By focusing on fear/anxiety in comparison between climate anxiety and the Covid-19 pandemic, we draw out how the affective lens makes visible historically grown systems of neglect and invisibility in the governance of health. For instance, while remarkably similar to climate anxiety, pandemic fears have not aided a shift in global health governance towards a one health approach beyond an anthropocentric health perspective, illustrating a global hierarchisation of affects even concerning fear itself. Noticing affect through feminist critique then helps to illustrate and make visible how health security comes to be practiced, in prioritising certain affects and needs, while neglecting others.

### Details

- 20 April 2023 (THU)
- 16:00 - 18:00 (HKT)
- via Zoom



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## China's Global Health Diplomacy: a Critical Assessment



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### Abstract

China is an indispensable actor to global health. Given the sheer size of its population, epidemiological history, and its economic development, China is obviously a vital element in creating and maintaining sustainable strategies to prevent and mitigate the spread of future epidemics. The talk illustrates how China has utilized the existing global health architecture to improve the overall global health agenda and at the same time advance its broader foreign policy objectives. Despite its expanded engagement in global health over the past three decades, Chinese contribution and leadership to global health has been constrained by limited global monetary contribution and domestic institutional shortfalls. Although China's financial contribution to the WHO has increased in the past few years, China's share is extremely small compared to the contributions being made by Western states and non-state donors. The intransparency of information at both national and sub-national levels amid the COVID-19 outbreak hinders Beijing to play a greater role in global health.

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## The World Health Organization as a security actor: the transformative power of fact-finding missions and epistemic authority



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### Abstract

Contrary to conventional wisdom, a recent scholarship in IR has argued that IOs do not live forever. When exogenous shocks materialize, institutions need to find their way forward. Recent studies have suggested that bureaucratic capacity significantly determines IOs' ability to "benefit" from crises. While prevailing literature has focused on headquarters bureaucracies to account for IOs policy responses, the practices of field staff can be equally or even more consequential. Historically, the WHO has faced few competitors for its prominent role as the leading actor in international health governance orchestration. Nonetheless, since the 1990s, the Organization has faced considerable authority challenges. Some of these were successful cases of contestation and ended up dropping the Organization's outreach (e.g., GAVI, UNAIDS, and UNESCO).

At least in one case, mission creep occurred, and the Organization gained function and mandate. This paper shows how fact-finding missions (FFM) performed by technical officers and experts before and after 2005 (investigations into outbreaks of unknown origin) have represented at the same time the catalyst, the flagship, and the curse of the WHO transitioning from pure health to health security. As "sites" of knowledge production, epistemic development, and formal/informal procedural clashes, fact-find missions have steered the Organization's bureaucratic action and legitimized the creation of linkages (or mechanisms of distancing) between different bodies of norms, thus guiding the depth and pace of legal changes within the regime complex.

## Which Experts and Why? A Study of Public Health Expertise during COVID-19 in Germany, Italy, and the US




**Dr. Renu Singh**  
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### Abstract

How do citizens perceive different types of public health experts and what are the implications for compliance with public health measures? I study this question using a series of survey experiments implemented in Germany, Italy, and the United States during the COVID-19 pandemic. The experiments randomized whether respondents received a public health recommendation from either a generic, World Health Organization, national, or local public health expert. The results show little difference on overall acceptance of the recommendation, but they do indicate that different types of public health experts have strengths and weaknesses when communicating with the public. International and national experts were considered to be more competent and knowledgeable, while local health experts were trusted more to understand the needs of respondents' communities. I also find some differences based on partisan affiliation, with right-wing respondents more affected by the treatments. These results suggest that distrust of experts may have different causes based on the nature of their position, which is important to consider when conveying public health measures to the public.



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