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Pandemic Influenza: A Case Study in the dominance of Biomedicine within Global Health Governance

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ABSTRACT

At the time of writing the world is, once again, in the grip of another influenza pandemic. Fortunately, the pathogen responsible for the current pandemic is not the much-anticipated (and much-feared) H5N1 avian influenza virus but a much less virulent strain of the H1N1 virus. Indeed, the H1N1 Swine Flu virus currently appears to be significantly less severe than even the seasonal influenza strains that circulate every year. Regardless, the conventional policy response of governments to protect their populations against this threat has been to ensure adequate vaccine production and/or access to supplies of vaccines and antiviral medications. This focus has, in turn, shaped the global governance structures around pandemic influenza, with much of the policy community's efforts remaining fixated on facilitating influenza virus sharing, increasing vaccine production capacity, and enhancing equity of access to pharmaceuticals. The fascination with pharmaceutical-related responses conceals, however, the need for both an advanced healthcare infrastructure (including appropriately trained personnel) and the economic means to purchase the pharmaceuticals – a situation that for many low- and middle-income countries (LMICs) is unattainable in the short to medium term. Moreover, this policy response conceals the ongoing dominance and pervasiveness of the biomedical model in dictating what is considered the only rational, logical response to this threat. This paper explores the role that the biomedical model has played in shaping global health governance structures, and how it has served to reinforce and reify not only state borders and the principle of sovereignty, but also the medical community. Only by unpacking these structures and revealing the political authority in play can alternative policy responses more appropriate to LMICs be discussed and considered.

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