

## How Well Prepared Are We for the Next Pandemic?

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### Abstract:

Since COVID-19, pandemic preparedness has become an urgent global issue. Carolin Mezes' dissertation addresses key issues in the monitoring of past pandemic preparedness, such as establishing accountability practices and strengthening health system capacity. The author analyzes public health emergencies from a cultural and infrastructure perspective, which helps clarify what went wrong in the past in order to pave the way for a safer future.

### Wie gut sind wir auf die nächste Pandemie vorbereitet?

#### German Abstract:

Die Pandemievorsorge ist nach COVID-19 zu einem dringenden globalen Thema geworden. In ihrer Dissertation befasst sich Carolin Mezes mit zentralen Fragen der Überwachung der Pandemievorsorge in der Vergangenheit, wie etwa der Einführung von Verfahren zur Rechenschaftspflicht und der Stärkung der Kapazitäten der Gesundheitssysteme. Die Autorin analysiert Notfälle im Bereich der öffentlichen Gesundheit aus einer kulturellen und infrastrukturellen Perspektive, was dazu beiträgt, zu klären, was in der Vergangenheit falsch gelaufen ist, um den Weg für eine sicherere Zukunft zu ebnen.

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## How Well Prepared Are We for the Next Pandemic?<sup>1</sup>

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Mezes, Carolin: *Monitoring Pandemic Preparedness: Global Health Security's Politics of Accountability, Development and Infrastructure*. Frankfurt (Main): Campus Verlag, 2024. 260 pages, 45,00 EUR. ISBN: 978-3-59-351897-8.

Carolin Mezes' monograph discusses how to monitor pandemic preparedness, or "the practice of evaluating, assessing, and measuring those capacities of health systems, which are believed to enable countries to better manage epidemic and pandemic events" (p. 4). In the introduction, the reader's attention is caught by the claim that "the countries ranked highest on the preparedness scales also ranked highest for numbers of infections and deaths of COVID-19" (ibid.), which intriguingly poses the research problem. The author scrutinizes the existing institutional arrangements of Global Health Security from a critical perspective of social sciences to suggest how the "preparedness gaps" (p. 5) for upcoming health crises can be closed. Her particular focus is on technical aspects of "evaluation and monitoring, to provide a description of the accountability practice" (p. 7). Mezes presents a case study of the World Health Organization's (WHO) Joint External Evaluations (JEEs) tool. Particularly, she conducts ethnographic observation of evaluators' work and document analysis of two evaluation reports. The case study adds a valuable empirical dimension to her research, as she analyzes specific measures adopted to mitigate pandemic risks in local contexts.

The author's theoretical lens of audit culture and studies of infrastructure are well selected for the problem at hand. The first theoretical approach allows for a focus on "accountability practices of preparedness monitoring" of governments (p. 6). Mezes looks into specific evaluation measures imposed by governments to prevent global pandemics. The second theoretical lens aims to analyze "the build-up of health system capacities to deal with health events" (p. 7). Infrastructure studies, being "situated at the intersection of STS [Science and Technology Studies], ANT [Actor-Network Theory], and research on contemporary formations

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<sup>1</sup> Editor's note: This review is based on the dissertation submitted by Carolin Mezes, which she kindly provided, as the book will not be available until September 2024.

of power and government” (p. 21), are suitable to move from discussing general notions of governance, such as how public hospitals are funded, to specific socio-material conditions of pandemic preparedness, such as how disease cases are documented. The applied combination of theories is highly relevant to better understand the multifaceted issues of preparedness monitoring. It also allows for transitioning between macro and micro levels of analysis: governance structure, legal provisions, knowledge production, and media representation.

Audit culture and studies of infrastructure are closely intertwined in the monograph. Mezes offers an extended discussion of the existing literature behind her key concepts. In particular, she writes that preparedness monitoring can be understood as an “accounting practice,” because “it transforms certain practices in public health into a metricized, measurable thing of concern” (p. 24). When it comes to infrastructure studies, Mezes’ investigation “turns to the infrastructures enabling such an accounting practice in the case of pandemic preparedness governance” (ibid.). Linking governance structure and administrative metrics brings up the question of how to interpret the measurement results. The reader has an opportunity to better understand how this interpretation is constructed by making “an analytical inversion: this research takes as matter of concern those infrastructures, which enable and condition preparedness monitoring” (p. 30). As a result, Carolin Mezes makes an original scholarly contribution by linking governance efforts to protect global health with specific socio-material artifacts, such as Excel spreadsheets and online portals, into a single network of pandemic preparedness monitoring.

The first part introduces key concepts of “emerging infectious diseases” (p. 46) and “securitization of health” (p. 47) to frame the problem of global health emergencies in recent decades. The scientist discusses the space and time of disease outbreaks, a result of which has been the creation of Global Health Security, an initiative aimed at building expertise to prevent the spread of new outbreaks (p. 50). Mezes draws lessons from the SARS and Ebola emergencies about what went wrong in preventing them in terms of the global institutional set-up. Also, she looks at the creation of modern accounting practices, including the JEEs, as a response to the SARS and Ebola crises from a critical point of view of infrastructure gaps and governance relations. For instance, the WHO is analyzed as an administrator of the online portal on pandemic preparedness “at the center of the accountability and transparency politics of global health security” (p. 82). Another strong aspect of her analysis is the attention to non-

governmental organizations and private philanthropy as actors in the health security landscape. The first part concludes with an in-depth scrutiny of COVID-19 response issues, such as a complex institutional network and questionable national performance indicators. The discussion of these problems provides highly relevant insights for policy makers.

The second part is devoted to the Joint External Evaluations case study. The researcher demonstrates that “the JEE is a technical and somewhat objective form of knowledge production and at the same time a highly normative undertaking” (p. 152). Mezes pays particular attention to how the process of evaluation is organized and who participates in it, what indicators are chosen and how country results are obtained. Her findings, such as “with lower scores, which still need work and improvement, chances are better to receive funding for this improvement” (p. 166), are novel and useful to explain how low- and middle-income countries are evaluated. The two JEEs are analyzed from different angles: predictability and control, development and state-building, and visual performativity, which helps to understand their nature in depth. The scholar criticizes the JEE tool for its modernism, specifically for the focus on producing elaborate country scores. Furthermore, she makes relevant suggestions to improve its procedural integrity. For example, she advocates for “accounting for capacities” (p. 201) of a specific country rather than obtaining procedurally valid scores to address its health security gaps.

The study concludes by reiterating the main points from each chapter. Overall, Mezes believes that modern Global Health Security institutions and pandemic preparedness monitoring measures cover “only certain aspects of health system capacities” (p. 221). Moreover, the conducted analysis shows that these institutions and measures often lack funding for implementation. They “paradoxically address infrastructures and work around it at the same time” (ibid.). The author states that not only large gaps in health care systems need to be addressed, but also smaller, context-specific ones. In other words, each country’s local problems should be treated to achieve better global pandemic preparedness. With a new pandemic treaty due to be adopted by the international community in the spring of 2024, this monograph could not be more timely in paving the way for addressing the mentioned issues.