

## REGIONALISM AND HEALTH: THE OPPORTUNITIES AND CHALLENGES

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### Abstract

The study examines the nexus between 'regionalism cum regional integration' and health. Health issues, especially in the time of emergencies, pose some challenges for regional integration efforts and could, in some cases, lead to the stagnation of a regional project. On the other hand, health is a viable platform on which regionalism can thrive and be strengthened. More so, regional initiatives for health promotion and management can also help in improving the health of the people of a region or in some adverse cases exacerbate health issues. The relationship between the two concepts is never unidirectional. This article is premised on the proposition that 'health is development' and regionalism is essentially for development too. Consequently, there is a point of convergence. Lessons are drawn here from different regions on how regionalism and health can interact for the attainment of sustainable health goals. The study involves a historical, descriptive and prescriptive analysis of the phenomena. A systematic review of existing literature in PubMed and Web of Science databases is done to indicate the links between the concepts with relevant cases; to identify the opportunities and the challenges of the interaction between the two concepts. The theoretical underpinnings of 'relationships' is also examined. Regionalism offers states an opportunity to pool resources for the attainment of the highest standard of health for the region. The paper, therefore, recommends more health consciousnesses in macro-regional planning and policy. Health can aid regionalism, and the latter has much utility in the attempt to govern and respond to health issues.

**Keywords:** Regionalism, Regional Integration, Health Governance, Health policy

### 1. INTRODUCTION

Health issues, especially in the time of emergencies, pose some challenges for regional integration efforts and could, in some cases, lead to the stagnation of a regional project. On the other hand, health is a viable platform on which regionalism can thrive and be strengthened. More so, regional initiatives for health promotion and management can also help in improving the health of the people of a region or in some adverse cases exacerbate health issues. The relationship between the two concepts is never unidirectional.

This research paper begins with an explanation on research methodology, usage of regionalism and health in literature as well as a discourse of the opportunities and challenges that both offers.

### 1.1 Regionalism: Conceptual Clarification

To fully understand the concept of regionalism, it is crucial to understand that regionalism has new variants- the old and the new. Old regionalism was rooted in the EU style of cooperation amongst member states. Old regionalism was restrictive and state-centric (Soderbaum, 2003). New Regionalism approach, on the other hand, holds that regions are not a given or based on geography. Cooperation amongst states should be hinged on the logical calculation of comparative political advantage ((Hettne, 2003). The New Regionalism also expands the scope of issues on which states can collaborate. These include migration, the environment, health and other matters of social policy. This differs significantly from economic integration, which was the preoccupation of old regionalism. The proponents of new regionalism believe that regional arrangements can do more in terms of governance if the states involved think they will gain more by sharing the cost and a means to an end amongst themselves (Hettne, 2003; Sordernaum, 2003).

## 2. RESEARCH METHOD- SYSTEMATIC REVIEW

The PubMed database was selected purposively as a principal database for literature in the health sciences. Several inclusion and exclusion criteria have been used to guide the systematic review. The year of publication for the articles used was 2010-2019. The keywords for the search are 'Regionalism [All Fields] AND [health]

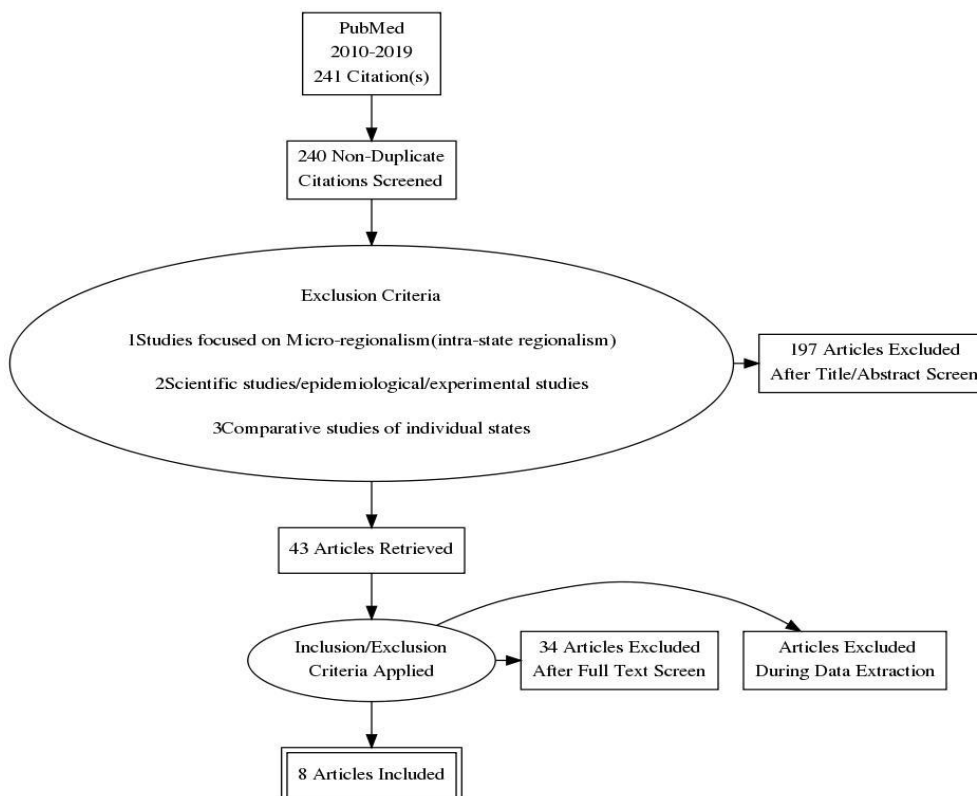
### a) Inclusion Criteria

- i. Articles on regionalism and integration, with some reference to health.
- ii. Only peer-reviewed journals were included.
- iii. Only articles with accessible full text were included.

### b) Exclusion Criteria

- i. experimental studies were exempted
- ii. Studies on national health governance were not included
- iii. Articles not written in English were excluded

### PubMed PRISMA Generated Flow Chart showing the Systematic Review



### 3. RESULTS

#### 3.1 Regionalism and Health in Literature

There have been several conceptual links between the two concepts, that is, regionalism and health. In some instances, the concept of regional health agenda is used to refer to states' cooperation at that level. (Herrero, 2017) More common conceptual conjunctions include "regional health policy" and "regional health sovereignty", "regional social policy" "regional Health governance" amongst others (Penfold and Fourie, 2015; Njoaguani & Folarin, 2018)

#### 3.2 Regionalism and Health: The opportunities

The regional organisations could serve as the fora for collaboration amongst states. For instance, the South American sub-region, had incorporated health into its regional agenda. This act had been inspired by the ideology that 'health is a right'. This association is made of 12 countries who have chosen to align their policies. Penfold and Fourie (2015) also outline some of the utility of incorporating health into regional policy and governance. First, regional organisations have the opportunity to harmonise health policies and act as key actors in contributing local knowledge and expertise to the global health agenda. Advocacy for common health needs can also be done through regions or sub-regional groupings.

Similarly, regional organisations could help to facilitate communication amongst member states. In terms of knowledge and experience sharing the regional actors have great utility in the dissemination (Berlier, Barry, Shadid, Sirica, Brunier, Hasan & Bouma, 2015).

There is other usefulness for regional health collaboration. States could use the platforms for annexing of health policies and encouraging every member states to build competencies for strengthening the health system (Sambo, Kirigia & Ki-Zerbo, 2011). Other elements of the health system can benefit from this collaboration. Access to medicines and vaccines can be procured at discounted rates using regional bodies. It will be easier to speak with one voice from these platforms. More so, research collaborations which could be beneficial to the course of health in the region can be initiated and concluded at the regional level. What regions share is common geography, similar problems and sometimes shared risk (Sun *et al.*,2018). The factor of proximity could also mean that a health threat is one could spill-over to the next (Sy, Heckert, Buenconsejo-Lum, Hedson, Tamang & Palafox, 2011). Ka'opua, White, Rochester and Holden (2018) notes there are opportunities for collaboration in funding, data collection and analysis. These collaborations have already been maximised in the EU and SADC (Van Rensburg & Fourie, 2016; Kinsman *et al.*,2018).

#### 3.3 Regionalism and Health: The Challenges

Many of the literature reviewed was quite optimistic about the prospects of health collaboration at the regional level. There was little or no pessimistic view about the regional partnerships for health. However, states must tread with caution. Many regional organisations are already overwhelmed with responsibilities. Many of these outfits suffer from inadequate funding and lack of political. The question of convergence is also a problem in mist regional arrangements around the world. How regional health agenda will fit into this regional organisation will differ from one organisation to another, states must engage the consideration effectively for comparative political advantage to decide if health issues should be handled nationally or be carried on to the regions. Health priority in one state might differ from the needs of another state.

### 4. CONCLUSION

The existing regionalism amongst states can be the platform for pooling resources, material and human. The utility of already existing regional arrangements lies in the fact that states within a geographical region tend to face the same risk and health challenges. However, health issues can be dragged into unnecessary region politics and suffer a setback. More so, the questions of the limits on internal sovereignty while yielding to a supranational actor might pose a challenge as states align.

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## REFERENCE LIST

- Berlier M, Barry R, Shadid J, Sirica C, Brunier A, Hasan H, Bouma E. Communication Challenges During the Development and Introduction of a New Meningococcal Vaccine in Africa. *Clin Infect Dis.* 2015 Nov 15;61 Suppl 5:S451-8. doi: 10.1093/cid/civ493. Review. PubMed PMID: 26553674; PubMed Central PMCID:
- Börzel, T. A. (2013). Comparative Regionalism: European integration and beyond. In W. Carlsnaes, T. Risse & B. A. Simmons (Eds.), *Handbook of International Relations* (2nd ed., pp. 503-530). London: Sage publishers.
- Briand, S., Bertherat, E., Cox, P., Formenty, P., Kieny, M. P., Myhre, J. K. ... & Dye, C. (2014). The international Ebola emergency. *New England Journal of Medicine*, 371(13), 1180-1183.
- Buzan, B., & Wæver, O. (2003). *Regions and powers*. Cambridge: Cambridge University Press.
- Folarin, S. Ibiatan, J. and Chidozie, F. (2015). Nigeria and the BRICS: Regional Dynamics in Emerging economies' Studies. IBIMA conference 2015, pp 3805-3818
- Gberevbie, D., Ayo, C. Iyoha F, Ojeka, S. and Abasilim, U (2016). E-government and Accountability: Towards achieving the goals of Public Agencies in Nigeria'. ECEG Conference 2016, Pp71-77
- Herrero MB. Moving towards South-South International Health: debts and challenges in the regional health agenda. *Cien Saude Colet.* 2017 Jul;22(7):2169-2174. doi: 10.1590/1413-81232017227.03072017. English, Spanish.
- Ibiatan, J and Itodo, S. (2015). Nigeria and nation State Building initiatives: A critical Assessment. *Journal of Interdisciplinary Research*, pp 1-7
- Ka'opua LS, White SF, Rochester PF, Holden DJ. Improving integration and coordination of funding, technical assistance, and reporting/data collection: recommendations from CDC and USAPI stakeholders. *Pac Health Dialog.* 2010 Sep;16(2):30-40. PubMed PMID: 21714333.
- Kinsman J, Angrén J, Elgh F, Furberg M, Mosquera PA, Otero-García L, Snacken R, Derrough T, Carrillo Santistevé P, Ciotti M, Tsovala S. Preparedness and response against diseases with epidemic potential in the European Union: a qualitative case study of Middle East Respiratory Syndrome (MERS) and poliomyelitis in five member states. *BMC Health Serv Res.* 2018 Jul 6;18(1):528. doi: 10.1186/s12913-018-3326-0. PubMed PMID: 29976185; PubMed Central PMCID: PMC6034236.
- Njoaguani, O. and Folarin, S. (2018). Regional Health Governance in the Ebola Outbreak: The Need for African Solutions to African Problems. XIX ISA World Congress of Sociology
- Penfold ED, Fourie P. Regional health governance: A suggested agenda for Southern African health diplomacy. *Glob Soc Policy.* 2015 Dec;15(3):278-295. PubMed PMID: 26635498; PubMed Central PMCID: PMC4639828.
- Sambo LG, Kirigia JM, Ki-Zerbo G. Perceptions and viewpoints on proceedings of the Fifteenth Assembly of Heads of State and Government of the African Union Debate on Maternal, Newborn and Child Health and Development, 25-27 July 2010, Kampala, Uganda. *BMC Proc.* 2011 Jun 13;5 Suppl 5:S1. doi:10.1186/1753-6561-5-S5-S1. PubMed PMID: 21810211; PubMed Central PMCID:
- Söderbaum, F. (2002). *The Political Economy of Regionalism in Southern Africa*. Gothenburg: Padrigu, Gotheborg University, Ph.D. Dissertation) Southern African Development Community (SADC) (1999). Protocol on health. Retrieved from [http://www.sadc.int/files/7413/5292/8365/Protocol\\_on\\_Health1999.pdf](http://www.sadc.int/files/7413/5292/8365/Protocol_on_Health1999.pdf).
- Sun Q, Wang Y, Hulth A, Xiao Y, Nilsson LE, Li X, Bi Z, Liu Y, Yin H, Luo Y, Nilsson M, Sun C, Zhu Y, Zheng B, Chen B, Sun P, Ding L, Xia X, Ottoson J, Löfmark S, Dyar OJ; IMPACT Consortium, Börjesson S, Lundborg CS. Study protocol for One Health data collections, analyses and intervention of the Sino-Swedish integrated multisectoral partnership for antibiotic resistance containment (IMPACT). *BMJ Open.* 2018 Jan 21;8(1):e017832. doi: 10.1136/bmjopen-2017-017832. PubMed PMID: 29358424; PubMed Central PMCID: PMC5780695.
- Sy AU, Heckert KA, Buenconsejo-Lum L, Hedson J, Tamang S, Palafox N. An assessment of the Pacific Regional Cancer Coalition: outcomes and implications of a regional coalition internal and external assessment. *Hawaii Med J.* 2011 Nov;70(11 Suppl 2):47-53. PubMed PMID: 22235160; PubMed Central PMCID: PMC3254227.

Van Rensburg AJ, Fourie P. Health policy and integrated mental health care in the SADC region: strategic clarification using the Rainbow Model. *Int J Ment Health Syst.* 2016 Jul 22;10:49. doi: 10.1186/s13033-016-0081-7. eCollection 2016. PubMed PMID: 27453722; PubMed Central PMCID: PMC4957874.