

# The intersection of science and governance



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In recent times, a renewed spotlight has shone on the working relationship between science and politics. This relationship is not new, and neither are the challenges that accompany it. The COVID-19 pandemic is a recent example of science and governments coming together to manage a global crisis. On the whole, the relationship has been fruitful, and governments have played an important role in managing resources, procuring vaccines, and establishing policies to protect people, particularly vulnerable groups. However, not all decisions have been made hand-in-hand with science. At various stages of the pandemic and in multiple countries, mask-wearing regulations and mobility restrictions have been prematurely removed, with scientists advising otherwise. In a broader context, Australia's federal government issued ministerial veto against some rigorously peer-reviewed Australian Research Council grants in late 2021. This move disregarded the independence of scientific research and was met with outrage from the community. A bill proposed to limit future ministerial interventions was ultimately rejected. Such actions indicated a power imbalance between science and politics, and created a negative impression for some that these two fields operate in separate silos. But can science be genuinely independent of government involvement, and can policy makers make regulations without the input of scientific evidence?

During the pandemic, science has immensely assisted decision makers in public health policy. Globally, researchers have evaluated the epidemiology of the virus on various scales, contributing to the literature that supports each country's government in making informed decisions. Studies from countries such as Japan, Malaysia, and South Korea, as well as region-focused reports including those from Hong Kong (China) and Victoria (Australia), have contributed to policies of local mobility, international travel, and transmission-reducing interventions. Furthermore, situational and environmental research, such as studies on household transmissions in Australia and Singapore and studies on seasonal variations, have come together with policies to safeguard people's health by contributing to quarantine decisions and changes to vaccination campaigns.

The pandemic has also presented opportunities for governments to listen to social scientists and address

long-exposed inequities in our communities. In July, 2022, New Zealand formally launched Te Aka Whai Ora, the new Māori Health Authority, to improve health outcomes for Māori people. The new health authority is a step forward following years of research and government reviews of the inequity and provides hope for a more just health-care system. A recent publication from Sue Crengle and colleagues highlighted the inequalities faced by Māori people in access to health care and the quality of care received, which resulted in higher overall excess mortality than in the rest of the population. Other studies have also demonstrated patterns of persistent disadvantage in Māori adolescents, and that Māori people have poorer access to critical stroke interventions and therefore experience poorer outcomes. The Waitangi Tribunal, a permanent commission set up to investigate claims from Māori people that concern the Crown, released a Health Services and Outcomes report in 2019, which assessed the disparities in medical care. The findings attributed the difference in health outcomes to a failure by the government to adhere to Te Tiriti—the treaty between Māori chiefs and the British Crown from 1840, which established governance to the Crown while maintaining Māori ownership of their lands and ensuring full rights and protection to the local population. The new Māori Health Authority is part of systematic reforms to have greater representation of Māori people throughout the health system. It would ensure that everyone receives equitable access to achieve good health outcomes.

However, when politics overbears science, we see terrible consequences: research being stifled and censored, mistrust from the community, and an overall failure to serve the people's interests. An instance in which science and politics have collided is the infamous overturning of Roe v Wade by the US Supreme Court earlier this year. The ruling, which criminalises abortion, imposes personal and political beliefs on women in the USA. However, the USA is not alone in restricting abortion rights: countries such as the Philippines and Palau also have prohibitive legislation that prevents victims of rape or those facing health consequences from terminating pregnancies. Criminalising abortions will not stop abortions but will increase the number of people seeking unsafe procedures. It prevents people from accessing care in a safe environment and results in back-alley procedures where safety and hygiene might not be prioritised. Imposing political views on health choices, especially against scientific evidence, ultimately endangers lives.

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The relationship between science and politics is incredibly complex. Science needs government support to fund research, implement findings in meaningful ways, and lead to positive changes in the community. Just as politics needs science to deliver the best medical

and social care and inform health policy. When politics and science come together productively, we can see great things: the eradication of disease, improvements in care, and changes in living conditions. Ultimately, they share one simple goal: to improve people's lives.