

Global Health Governance: Has WHO Risen to Meet the COVID-19 Challenge?

...the global governance structures that create the policies underlying public health throughout the world.



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Introduction to the United Nations
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THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

The World Health Organization

CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being

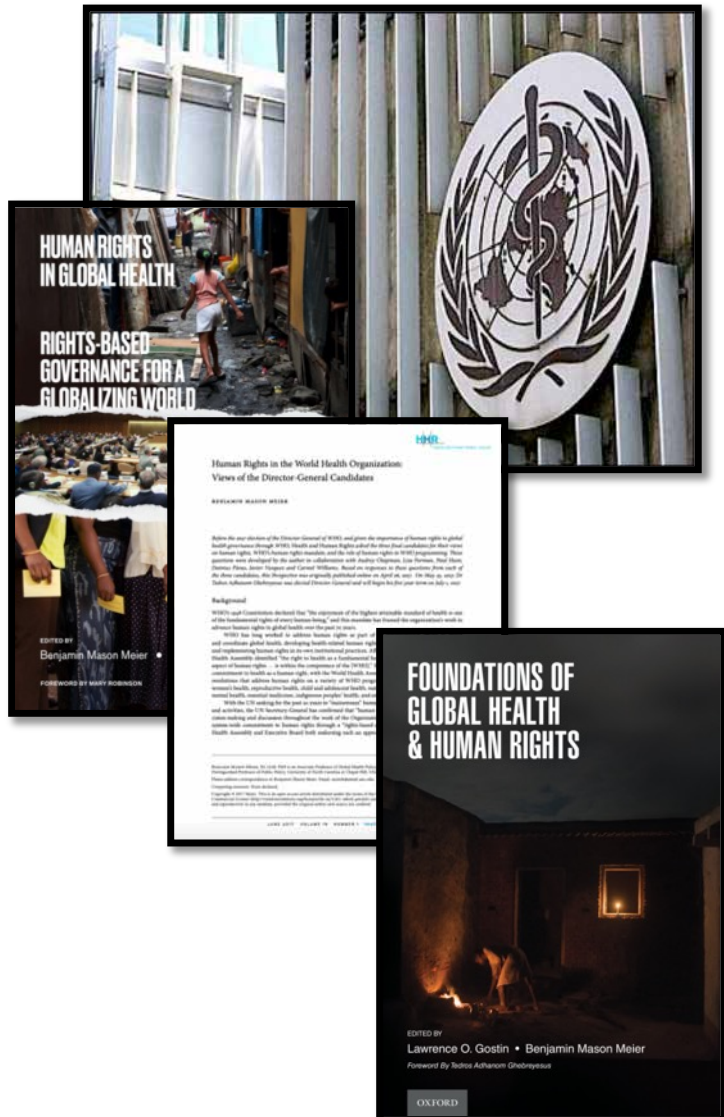
rights of every human being without distinction of race, religion, political belief,

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

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What is Global Health?

“the way in which we understand global health critically shapes not only which and whose problems we tackle, but also the way in which we raise and allocate funds, communicate with the public and policy makers, educate students, and design the global institutions that govern our collective efforts to protect and promote public health worldwide.”

“Global health is still often perceived as international aid, technologies, and interventions flowing from the wealthier countries of the global north to the poorer countries of the global south”

- Global Health is Public Health
 - Public Health Policy
- Vertical
vs.
Horizontal
Interventions



What is *Global* Health Policy?

consideration of the health needs of the people of the whole planet above the concerns of particular nations

- Not Comparative Policy
- Not International Policy



Frameworks of Global Health Governance

Institutions = Architecture + Norms



Global Health Policy Architecture

“the absence of a global government—not only now but for the foreseeable future—the construction of a global society emerges as a feasible alternative to harness interdependence in a world polity where sovereign nation states coexist with expansive social networks transcending national boundaries.”



↑ Organizations → ↑ Prominence, but . . .

Problems with the Proliferation of Global Health Governance

- Overpopulated & Confused
- Fragmentation, Duplication & Waste
- Competitive & Uncoordinated
- Unsustainable
- Inefficient (Vertical)

“Narrower mandates characterize the new initiatives – indeed, the narrow (or more vertical) mandates were arguably the catalysts for their creation.”

Global Health Governance



- International Health Law Rises to Address Globalized Disease

- Birth of WHO



- International Health Regulations (IHR)
- SARS as a Novel Threat to Global Health Governance



 Check for updates

The World Health Organization in Global Health Law

Global Health Law

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International collaboration is crucial to the COVID-19 response. In realizing global solidarity, the World Health Organization (WHO) has sought to bring the world together to respond to a shared threat. This collaboration has required global health law, with WHO long developing international regulations to bind states under international law. As the international community faces its greatest test in the COVID-19 pandemic, WHO has confronted unprecedented challenges, with states neglecting international legal commitments in the pursuit of nationalist disease responses. Given the limitations of international law in the COVID-19 response, it will be crucial to reform global health law, with sweeping implications for the future of WHO governance.

This column seeks to examine the central importance of WHO in developing and implementing global health law. Recognizing that global health law requires global governance, the column begins by situating WHO's role at the forefront of global health governance. WHO's leadership in global governance for health is supported by an expansive mandate to serve as a platform for the codification of international law, which WHO has exercised through the evolving development of the International Health Regulations (IHR). Where the IHR have proven incommensurate to the COVID-19

response, WHO now finds itself at a crossroads, with this column considering the range of reforms that may be considered in the years to come.

Global Health Law Depends on Global Health Governance

In coordinating the global community in addressing common health threats, WHO is intended to be central in global health governance, binding states together through the development and implementation of international law to prevent disease and promote health.

Global health law looks beyond the efforts of individual nations to encompass the larger set of determinants that structure public health in a globalizing world. With globalization connecting societies in shared vulnerability, these forces have exposed the limitations of domestic law in addressing global determinants of health.¹ Global health law recognizes that all nations face interconnected public health threats, requiring collective global action to realize global health equity.² Providing an international legal foundation for global health governance, global health law supports global institutions to negotiate a shared vision of global health, coordinate with organizations across sectors, and align national laws to advance public health in a globalizing world.³ In uniting states under binding legal obligations and bringing together state and non-state actors

About This Column

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International Health Regulations – Establishing Global Health Governance for Infectious Disease

IHR in the COVID-19 Response – Limitations Highlight Weaknesses

Reforming WHO – Developing New Governance for Future Threats

International Health Regulations (2005)

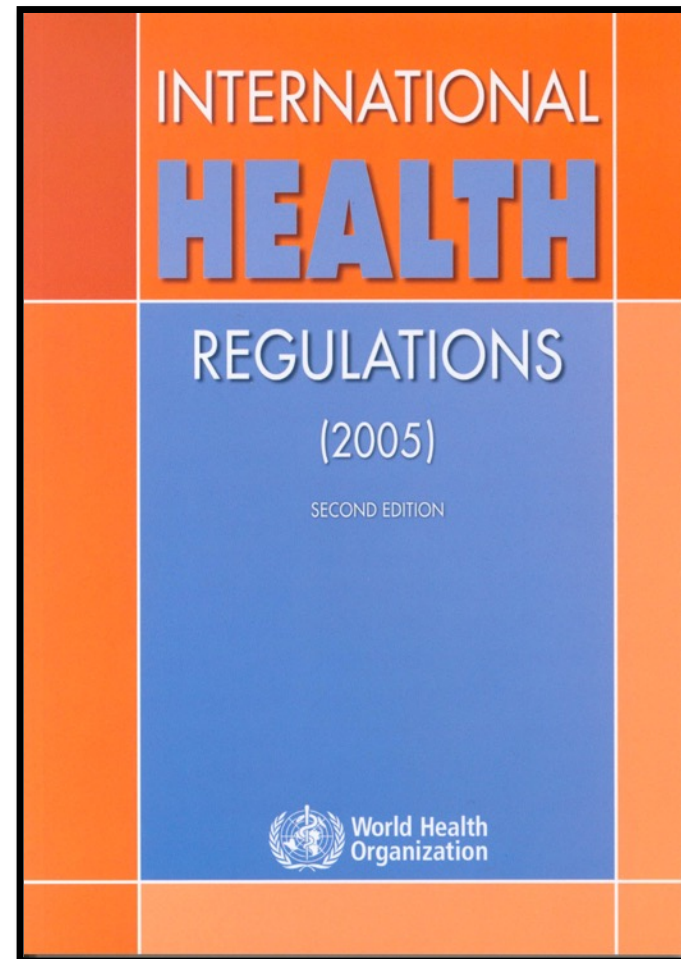
The Legal Landscape

— PHEIC

- State Notification
- WHO Declaration

— Build National Capacity

- Health & Human Rights
- International Collaboration



IHR Limitations in COVID-19 Response

China Notification



Violative Nationalist Responses



December

January

February

March

April

WHO PHEIC



Global Solidarity?



Revisiting WHO Authority

- **Fundamental Revisions**
 - **Mandatory Reporting**
 - **PHEIC Deliberations**
 - **Monitoring States**
 - **Global Funding**
- **New Policies**
 - **Revise IHR**
 - **Develop Framework Convention**
 - **Establish WHO Standing Recommendations**
- **A Diminished United States**



Revisiting Global Health Governance

AJPH REIMAGINING PUBLIC HEALTH

Reimagining Global Health Governance in the Age of COVID-19

See also Morabito, p. 1590, and the *AJPH* Reimagining Public Health section, pp. 1605–1623.

The COVID-19 pandemic reminds us that no country acting alone can respond effectively to health threats in a globalized world. Global governance is necessary to coordinate the global health response. Yet, the COVID-19 pandemic has revealed deep fissures in global health governance, with international organizations facing obstacles from nationalist governments in managing a common threat. The COVID-19 pandemic is reframing global health governance. Considering key structural limitations in meeting enormous challenges, how can we best realize global solidarity in an age of populist nationalism? With the sheer scale of human, social, and economic upheaval, we face an imperative to strengthen global health institutions and governance.

In this editorial, we reflect on the challenges that nationalism poses in the COVID-19 response, conceptualizing how we could reimagine global health governance. We begin by examining how international organizations have sought to bring nations together in responding to global health threats. However, international institutions are facing increasing pressures from nationalist governments, and we analyze these nationalist obstacles to global solidarity. The structural limitations of the pandemic

response are reframing the global health governance landscape. Given this historic opportunity to reimagine global health governance in the age of COVID-19, we consider the rise of new institutional structures that reflect the realities of a divided world. We conclude that a new governance landscape will be crucial to strengthening global public health—rising out of crisis to secure a safer future.

BRINGING NATIONS TOGETHER

The modern global health architecture arose from the ashes of crisis. The United Nations (UN) was formed 75 years ago out of the ruins of World War II, bringing nations together to address collective threats through international action. Signed on June 26, 1945, the UN Charter called for the establishment of a new international health organization, the World Health Organization (WHO), which has evolved over the years to build a healthier world.¹ The UN system strives toward a cosmopolitan vision of a global community that provides a foundation for international cooperation to advance global health.² The COVID-19 pandemic has challenged this international system as never before.

WHO is at the forefront of the global response to health threats, as it seeks to direct and coordinate international action to realize the highest attainable standard of health. The 1946 WHO constitution empowers WHO to negotiate international agreements on a wide range of health issues. The International Health Regulations (IHR) is the primary WHO instrument governing pandemic threats, codifying national obligations “to prevent, protect against, control and provide a public health response to the international spread of disease.”³ Last revised in 2005 following concerns over the global response to SARS (severe acute respiratory syndrome), the IHR provides a framework to build national health system capacities and strengthen WHO authority to respond to public health emergencies of international concern.

WHO has long sought to strengthen its institutional authority to coordinate national health efforts, with the WHO

director general calling for “collaboration and partnership” through a strengthened WHO.⁴ Now facing its greatest pandemic challenge, WHO is seeking to galvanize “global solidarity” in the COVID-19 response.⁵ Calling for solidarity across nations to facilitate equity in the global response, WHO has supported national strategies to prepare for, rapidly detect, and respond to COVID-19 by providing technical information, coordinating health research, and raising emergency funds.

Complementing WHO, the larger UN system has established global health initiatives for international health cooperation. UN action on global health has increased dramatically over the past two decades. The UN General Assembly has devoted high-level special sessions to both infectious disease and non-communicable disease, with recent action on antimicrobial resistance and universal health coverage.⁶ The UN Security Council has weighed in on health emergencies, elevating the political response to health security threats, beginning in response to the HIV/AIDS pandemic and extending through recent Ebola epidemics.⁷

In responding to the global threat of COVID-19, the UN has

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- A Diminished United States
- A Fractured Global Health Ecosystem
- A Changing WHO

A Rising Imperative to Reform Global Health Governance



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