

LETTER TO THE EDITOR

Open Access

Realigning global health governance: WHO at a crossroads



Irene Torres^{1*} , Osvaldo Artaza², Barbara Profeta³, Cristina Alonso⁴ and JaHyun Kang⁵

It has been over 5 years since the Ebola epidemic, meaning the World Health Organization (WHO) had time to improve coordination, distribution of responsibilities and effective resource mobilization for a rapid response to a pandemic [1, 2]. Reforms would have addressed demonstrated failings and entrenched weaknesses that enabled the Ebola virus to rapidly spread; instead, WHO's role has been openly questioned, with geopolitics holding center stage over concern for global population health [3].

While recommendations for reform give the illusion of progress, reminders of the unmet conditions for success are constant. The private sector is considered a crucial partner in an effective health crisis response such as the unfolding COVID-19 pandemic [1, 4]. Nevertheless, international trade agreements are weighted more heavily than international health regulations. As an example, legally binding instruments such as the Framework Convention on Tobacco Control [5] were approved decades after scientific consensus on the urgent need to protect public wellbeing.

This influence is clear in health research, where instead of prioritizing disease prevention, the focus remains on cures [6], which provide higher returns on investment. More importantly, little has been said about the impossibility for WHO to truly defend global public health when forced to broker between private interests, and political influence from large economies driven by transnational corporations, and the protection of the most vulnerable.

With WHO acting only partially as a lead authority, it is unfair to place blame on the sole organization's shortcomings, be they financial, institutional or informational, for the glaring flaws in the COVID-19 response. Some

rich member states equally failed to protect their populations, ignoring warnings on risk preparedness [7] to safeguard economic gains. The pandemic rendered patent not only the absence of an effective global health governance system, but possibly also the very existence of a global space understood as the sum of sovereign territories.

The post-war world in which the United Nations were born and developed has drastically changed, consolidating widespread inequities while creating new complexities, which were further propelled by the COVID-19 pandemic. Digital technologies have reshaped the contours of ownership and accountability, largely to the benefit of high-income countries and multinational companies, thereby calling for a renegotiated commitment.

The imperative of global health governance requires realigning international cooperation so that WHO, once again at a crossroads, can unequivocally prioritize and protect the common good. This is the only way to avoid replicating the current global catastrophe in the future.

Acknowledgements

Not applicable.

Authors' contributions

All authors contributed equally at all stages manuscript planning, drafting and editing. The author(s) read and approved the final manuscript.

Funding

The authors do not have funding to declare.

Availability of data and materials

Not applicable.

Ethics approval and consent to participate

Not applicable.

* Correspondence: irene.torres@octaedro.edu.ec

¹Fundacion Octaedro, El Zurriago E8-28 y Ave. De los Shyris, Quito, Ecuador
Full list of author information is available at the end of the article



© The Author(s). 2020 **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Consent for publication

Not applicable.

Competing interests

The authors do not have competing interests to declare.

Author details

¹Fundacion Octaedro, El Zurriago E8-28 y Ave. De los Shyris, Quito, Ecuador.

²Faculty of Health Sciences, University of the Americas, Santiago de Chile, Chile. ³Independent consultant, Fribourg, Switzerland. ⁴Harvard T. H. Chan School of Public Health, Boston, MA, USA. ⁵College of Nursing and Research Institute of Nursing Science, Seoul National University, Seoul, Korea.

Received: 1 October 2020 Accepted: 6 October 2020

Published online: 23 October 2020

References

1. Gostin L, Friedman L. A retrospective and prospective analysis of the west African Ebola virus disease epidemic: robust national health systems at the foundation and an empowered WHO at the apex. *Lancet*. 2015;385:1902–9.
2. Moon S, Sridhar D, Pate MA, et al. Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM independent panel on the global response to Ebola. *Lancet*. 2015; 386(10009):2204–21.
3. Brown T, Ladwig S. COVID-19, China, the World Health Organization, and the limits of international health diplomacy. *Am J Public Health*. 2020;110(8): 1149–51.
4. Kickbusch I, Piselli D. Out of Gridlock ... and Back? Global Health Governance in the Age of COVID-19. 2020. <https://www.globalpolicyjournal.com/blog/21/04/2020/out-gridlockand-back-global-health-governance-age-covid-19>. Accessed 1 Oct 2020.
5. Nikogosian H, Kickbusch I. The legal strength of international health instruments - what it brings to Global Health governance? *Int J Health Policy*. 2016;5(12):683–5.
6. Bhaumik S, Kumar A, Gong J Yin X, Ouyang M, Li J, Santos JA, Smyth B, Keshri VR, Parveen S, Sunjaya AP, Ajisehiri WS. COVID-19 and non-communicable disease: systematic mapping of registered clinical trials. Working Paper. The George Institute for Global Health. 2020. <https://cdn.georgeinstitute.org/sites/default/files/2020-08/covid19-and-nds.pdf>. Accessed 1 Oct 2020.
7. Global Preparedness Monitoring Board. A world at risk: annual report on global preparedness for health emergencies. World Health Organization 2019. https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf. Accessed 1 Oct 2020.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

