

Global Health Crises a Blessing in Disguise for Inevitable International Collaboration
Regarding Public Policy and Global Governance

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Abstract

Global health threats like the COVID-19 pandemic have highlighted the necessity of improving cooperation in international public policy and global governance. These crises force more people and countries, international organizations and civil society to act in a way that has never been seen before. Analyzing the relations between GHEs and collaboration this paper also aims at stressing the importance of effective governance to tackle the threats which are global in nature. It affirms that despite the fact that these crises reveal major vulnerabilities in existing structures, they are also moments of opportunity for building up international institutions and frameworks, creating a health treaty for global health emergencies and advancing rational and reasonable access to medical countermeasures. The paper also stress on the need to develop resources for early reporting systems, speedy reaction procedures, and cooperation between governments and companies in order to create strong world health systems that will be ready for future profound tasks. Civil society and non-governmental organizations (NGOs) are also included as key actors, with their function being highly highlighted as important linkages between the communities, governments and the world bodies. These organizations are very important in implementing services, advocating for policies, and also holding state actors accountable especially in the areas where they may not have access or authority. Non-Governmental Organisations and civil society organisations are involved in lobbying on health promotion and advocating for health equity and increased accountability of governments to policy commitments. These organizations come in and fill some of the most important voids during these health disasters and make sure that the targeted groups are well taken care of. Therefore, the paper asserts that the achievements made from recent multi-stakeholder global health partnerships must be sustained through continued support for global health and governance systems. The protection of health in the contemporary world is in a vulnerable state and requires the collective efforts of nations and global organizations in order to put up a system that will be able to meet the emerging health challenges. By fostering a more united approach, the global community can ensure that the lessons learned from past crises are applied to create a stronger foundation for future health challenges, ultimately contributing to a healthier, more equitable world.

Keywords: Global Health, Global Governance, Public Policy, Civil Society, NGO's.

Introduction

In the past few decades, the world has experienced more frequent incidents of global health threats, including HIV/AIDS, SARS, Ebola, up to the COVID-19 pandemic. These crises have affected almost all spheres of human life including health care systems and economies, social relations, and global politics (Katz & Seifman, 2021). The transmission of communicable diseases has shifted from being a regional issue to a global problem that needs multilateral solutions. Each time, the global society has been forced to accept the fact that health systems in their current state are insufficient to deal with upcoming challenges and there is a need for better organization and planning (Gostin, 2020). With the globalization increasing, comes the dependence of nations thus raising awareness that no country can address these issues on their own. The need now more than ever for collective action is evident since these disasters reveal the frailty of the globe's interdependent systems (Fidler, 2020).

However, these global health emergencies have also brought about the biggest ever level of cooperation around the world. One of the most important lessons of the COVID-19 pandemic, *inter alia*, is that crises can help eliminate divisions and bring countries together for a common cause (Kickbusch and Leung, 2020). It has made governments, international organizations and other non-state actors to come together in ways that could not have been thought of before. As seen in the rapid development of vaccines and their distribution, the provision of important information and resources, the world has turned to collective action (Moon 2021). This trend of cooperation is a shift in the management of the global system because it underscores the need for multilateralism and strong public policies to address such shocks. These experiences have informed the future direction of more sustainable and equitable structures of world governance, focused on people's health (Gostin, 2020).

As the world advances itself, it is imperative to focus on enhancing public policy as well as the governance of the entire world. These crises have brought to the fore shortcomings in the existing paradigms and the necessity for overall overhauls for enhanced control of future health risks (Fidler, 2020). It became clear that there is a need to have one world response not only to manage the effects of health crises but also their causes including poverty, lack of health infrastructure, and poor leadership (Kickbusch & Leung, 2020). The constant change in the relations of public policy and international cooperation will continue to influence the development of global health in the future to make the world ready for the challenges that are to come. By accepting these adversities as opportunities, the global society can transform these crises into a positive development for the interconnected and stronger global society (Moon, 2021).

The Imperative of Global Collaboration

The integration of the world also means that threats to health are no longer just national concerns but global issues that require concerted action. The mobility of diseases together with the integration of economies makes it clear why it is important for countries to cooperate in the containment of epidemics (Fidler, 2020). For instance, the COVID-19 social distance broke out as a local crisis and became a global one within several months. This integration makes it crucial for a global approach with nations involved in the fight against the further spread of diseases, distribution of resources, and the development of tactics to protect the health of the world's population (Katz & Seifman, 2021). Health of one nation depends on the

health of others and therefore there is no option for global cooperation in combating pandemics or any other health crises.

Globalization has been found to have greatly contributed to the increase in the occurrence of infectious diseases, since ease in movement, trade and communication facilitates spread of diseases across countries (Kickbusch & Leung, 2020). The effects of these health crises on the economy have been severe in terms of disruptions in the supply chain, decline in tourism and tremendous pressure put on the healthcare systems globally. These crises are global thus implying that no country is safe from the impacts of these calamities hence the rationale of an international approach. It is not only a health problem but also an economic and sociological problem that has wide-ranging impacts that require multi-sectoral approaches (Moon, 2021). As we live in an interdependent world, the world's population must understand that leaving threats to health unattended in one region poses risks for the entire world hence the importance of cooperation.

A number of examples describe how the international cooperation was effective in tackling the global health threats; the key role of the WHO, GAVI (the Vaccine Alliance), and the CEPI in the management of these challenges is evident (Gostin, 2020). For instance, the WHO has been very much involved in leading the international response to epidemics and offering recommendations, tools, and assistance to the affected nations. Through funding and partnership, GAVI has ensured that vaccines are distributed fairly across the developing nations and the needy population isn't cut off from the vaccines. Likewise, CEPI has been useful in financing the fast forward development of vaccines especially in the current COVID-19 where it provided support to the development of various vaccines. These organizations are examples of the fact that the cooperation of countries and states can help to prevent the spread of diseases, save people's lives. The experience of these programs proves that it is necessary to continue and develop international partnerships in the field of health, as the world still has many challenges awaiting it.

Challenges to Effective Collaboration

This paper highlights the fact that political and economic enmity are key factors that have hindered international health cooperation especially during an outbreak. It is evident that developed countries have better capacity in terms of response, availability of vaccines, and funding as compared to LMICs which lack the required healthcare framework, access to vaccines, and funds (Farmer, 2020). Such differences produce an unbalanced field, where some countries can respond rapidly to threats to health, while others cannot. For example, the COVID-19 pandemic exposed how economic inequalities affect global health by showing how developed countries bought vaccines leaving poor countries with little to none (Glassman et al., 2021). This inequality also deepens the health crisis in such regions besides also working against the international fight against diseases. Inequality must be dealt with through measures that would allow all nations to access health care resources and become involved in global health efforts (Pablos-Méndez et al., 2020).

Nationalism and protectionism have now become major challenges to global cooperation in the wake of health crises. In the course of the COVID-19 outbreak, some countries put in place protectionist measures in the form of export bans on critical medical equipment and vaccines and self-interested policies, ignoring the global common good (Bollyky and Bown, 2021). This self-focused outlook stifles cooperation at the same time as it

weakens the international response to epidemics because the necessary supplies cannot be delivered to the areas most affected on time. Nationalistic policies can also result in competition and not cooperation hence a piece meal approach that is evident in the current crisis (Greer et al. , 2021). Nationalism is a threat to multilateralism and global solidarity that are central to addressing cross-boundary issues such as pandemics. To overcome these barriers, it is, therefore, necessary to reconsider the principles of internationalism and understand that global health security is an issue that cannot be solved only by one country. Additional challenges entail the spread of fake news and anti-vaccine sentiments, which add to the complexity of the collaboration in public health.

Some of the challenges include the following; misinformation has persisted and has been rife especially on social media and this has contributed towards reluctance in accepting the vaccines and also lack of trust in the health organizations (Larson, 2020). This has therefore been a major challenge in achieving high coverage of vaccination that is required to avoid spread of communicable diseases (Dubé et al., 2020). Some people do not want to take the vaccine due to false information; this negates the efforts of expanding immunization programs across the globe thus extending the duration of pandemics and even the generation of new strains (Freeman et al., 2021). Furthermore, it means that inequality can also be impacted by fake news adversely since those with little health information access are likely to be a fake news victim (Wilson & Wiysonge, 2020). To address these issues, it means that there should be a proper fight against phishing attacks, support health literacy, and discuss the benefits and safety of the vaccines (Bollyky & Bown, 2021).

Building Resilient Global Health Systems

The use of early warning signals and rapid response frameworks is one of the aspects of developing effective global health systems that would be able to address and contain the spread of disease across the globe. Early identification of possible signs of outbreaks assist in preventing cases that may have occurred in a specific area from growing into a menace to the whole world (Heymann & Shindo, 2020). The importance of these systems was felt when there was a slow response to the COVID-19 outbreak and failed to identify it on time resulting in its rapid spread across the globe (Wenzel & Edmond, 2021). The systems of early warning must be effective and maintained along with the help of the data exchange and collaboration in the international level to give the members of the international community a chance to respond to the new threats to the global health adequately and promptly (Katz et al., 2018). Though such systems are extremely beneficial in terms of saving as many people's lives as possible and giving a prompt public health response, they also minimize the impact on the economy and society in terms of pandemics (Morse et al., 2012).

This is why it is equally important to strengthen national health systems as one of the components in the process of reaching the goal of building strong health systems in the world. National health systems have the capacity to respond to the health threats hence enabling nations to control the threats and back up the international efforts (Kruk et al., 2015). This entails providing funds to health facilities, training of the health care workers and ensuring all basic health products and services are put in place (Ooms & Hammonds, 2015). COVID-19 revealed the inequality in the delivery of health care in various countries because health systems that were weak faced a lot of challenge in the increased number of patients (Emanuel et al. , 2020). Improving these systems is not only in the interest of each country but also in

the interest of security of the whole world because the abilities of each country to respond to a health crisis affects security in the world.

Moreover, health security is better provided at the national level by countries having strong national health systems, for example, in the form of vaccine supplies, sharing of experience and knowledge (Gostin & Wiley, 2020). Another important aspect of medical preparedness is the funding of research and development of products that shall be used in combating the diseases, including vaccines, therapeutics and diagnostic tools. The COVID-19 vaccines were developed in an incredibly short time indicating the need for the further financing of R&D (Plotkin et al., 2021). This has been made possible through PPPs that have included governments, academic institutions and the pharmaceutical industry (Moon et al., 2020). Such collaborations are vital in the advancement of the medical countermeasures especially given the rising trend in the diseases rates that are posing a threat to the global population (Clift, 2020). Moreover, it suggests that public-private cooperation can solve the issues of funding, distribution and fair sharing of the positive impact of medical developments around the world (Lurie et al., 2021). When the global society begins to invest in the research and development of the health sector and encouraging intersectoral collaboration, the global society will be able to create a solid health system that would be capable of handling other future shocks.

Redefining Global Governance

International institutions must be adapted to new challenges of global health governance because the nature of the challenges is constantly changing. The current health international organization and particularly the WHO has been instrumental in the coordination and management of health across borders and in addressing various health challenges, but the current COVID-19 pandemic has exposed various gaps and weaknesses of this system in handling of a major disaster (Moon et al., 2021). It has become very clear that these institutions should be changed to a point where they can be in a position to adapt to new diseases when they are identified. This involves enhancing the authority and resource base of international health organisations to have the ability to coerce nations into compliance and to help distressed nations (Gostin, 2020). Furthermore, the current threats to health are more multifaceted, and that is why more actors and stakeholders have to be engaged to address them, for example, non-governmental organizations, private business, and civil society organizations (Kickbusch & Szabo, 2021). That is why by changing these institutions the global society can build a better and more efficient model for the solution of the health problems of the twenty-first century as pointed by Taylor (2020).

There were talks of having a global health treaty as a means of ensuring that countries are prepared for future pandemics. The treaty will set specific responsibilities on the countries to finance the prevention of pandemics, share information on readiness levels and co-develop vaccines and cure (Lloyd, 2021). COVID-19 response failure has demonstrated globalization and no integration and the treaty can add and operationalise it (Gostin et al., 2020). Further, a global health treaty can demand that fairly distributed essential MCMs, whether developed or developing, the nations should receive the tools to fight pandemics (Wenham, 2021). That being said, such commitments would be made even stronger and more official if a treaty were to be made to further improve the functioning of the global health system and its ability to address future threats and create a more united stance across the globe (Kickbusch et al.,

2021). Improving the system of surveillance and data reporting is one of the critical measures for the improvement of the functioning of the global health governance.

The early identification of disease outbreaks and information sharing in a fast and effective manner is very crucial in combating such diseases and ensuring that diseases that are regional do not turn global (Frieden & Lee, 2021). There is noting that the establishment of coordinated global health monitoring system supported by technology and real time information would improve the monitoring of possible threats. For such a network, the countries must agree to report the information in a transparent manner and share data which has been a problem due to political interference and other logistical challenges (Ghaffar et al., 2021). Better monitoring and information reporting would also aid enhance the cooperation of the international organisations in order to be able to deliver the required support and services to those regions that need them the most (Wenham & Farias, 2021). They would also help in improving the global health security and ensure a better preparedness in case of future health risks (Gostin et al., 2020).

The attainment of global health equity can only be achieved if there is equality in distribution of such assets as vaccines, therapeutics and diagnostics. COVID-19 was a clear revelation of how these tools are shared in the world, poor countries were struggling to get vaccines or PPEs while the developed countries were already placing orders for vaccines for their people (Hafner et al., 2020). To this, global governance frameworks should also seek to ensure that there is fairness in the allocation of countermeasures for diseases hence there is a need for all countries including the poor ones to be availed with the necessary resources for the protection of their people (Berwick, 2020). This could be done through such mechanisms as the COVAX facility for equal distribution of vaccines; however, more needs to be done and more resources have to be allocated to guarantee that all the tools of health are available equally to all (Bollyky & Bown, 2021). Besides, the global community requires backing and investing in the manufacturing capacities and logistics networks in LMICs to avoid a reliance on external sources and build robustness (Mazzucato & Momenghalibaf, 2020). Ensuring that nobody is left behind is not only the correct thing and the correct thing for the management of pandemics and global health risks (Gostin et al., 2020).

The Role of Civil Society and Non-Governmental Organizations

Civil society organizations and non-governmental organizations are important agents in the global health governance to provide the necessary link between the communities, governments, as well as the global system. These organizations are the first line caregivers during health calamity since they provide such services as health care, health promotion and health advocacy most especially in parts of the world where state structures are weak or overstretched. This gives them the ability of addressing the needs of the populations as they are hence serving the purpose of filling the gaps that are existing in the provision of services to the vulnerable groups. Also, NGOs are formed in areas that the state agents cannot easily access and hence are relevant in the current global health systems.

Besides the direct delivery of services, the CSOs and NGOs are also involved in the policy role in the delivery of health care services to the intended target beneficiaries. In many cases they are the voice of the voiceless, to make sure that the oppressed forms present their cases in the national and or international courts. These organisations participate in advocacy that seeks to transform the existing policies for the better: in matters touching on health,

healthcare and human rights. Further, most of the NGOs and civil society organizations are involved in partnership with government and international organizations in offering professional aid and contribution towards the development of health programs. For this reason, they can change the society and therefore can be viewed as force that affects the fight for better world health.

Moreover, civil society, and NGOs have a considerable say in monitoring governments and international organizations on the implementation of their pledges on health. These organizations also help to check that state actors and other players that have committed themselves in formulation and execution of health policies and programs do so to the later. They supply accountability mechanisms, which are crucial for the public to believe in the authorities and also to guarantee optimal utilization of the offered funds. When it comes to emergencies in the world of health, Non-Governmental Organizations engage in raising awareness of inequality in terms of distribution of resources, especially in LMICs. In this way, civil society and NGOs play an important role in promoting the improvement and strengthening of the global health governance system and thus they are building the healthier and fairer society.

Conclusion

In conclusion, it can be argued that despite the negative effects of global health crises, they are very effective in promoting cooperation at the global level. The COVID-19 pandemic, for instance, brought into the limelight the idea of the interdependence of countries and the efficiency of the current systems of international governance. When the countries were struggling to contain the virus spread, the need for the international collaboration emerged which has not been seen before. These crises have therefore underscored the importance of strong public policy and international regulation systems for dealing with risks that do not respect borders. By identifying global health challenges as common goals of the world, the international community has come up with better ways of addressing future outbreaks. The positive outcome of the integration of the international cooperation is multifaceted in the long run. Better global health governance not only helps to strengthen the response to threats, but also improves the stability of health care systems around the world. Since the emergence of health emergencies, cooperative initiatives like the production of vaccines and dissemination of crucial data have been very useful.

Besides, such cooperation contributes to equal distribution of resources so that every country in the world can obtain the necessary supplies to protect people. Today the threats to global health are becoming more diverse and challenging, therefore continued cooperation at the international level will be mandatory for preserving the health of the global population and for the creation of a fairer world. Consequently, it is important that the current voluntary spirit that has been witnessed in the recent past regarding global health collaborations is not derailed. The global society has to remain committed to building up the international systems of health and governance prepared for challenges of the future. This includes increasing preparedness and response of early warning systems, improved surveillance, and promoting research and development activities. National and supranational authorities, organizations, and business have to combine their efforts to build a sustainable health care system able to face new challenges. Only when the world is ready to invest time and effort in long-term

partnerships, the international community can create a stronger and more stable base for the global health which will help all countries to address the future challenges more effectively.

References

- Berwick, D. M. (2020). *The moral determinants of health*. JAMA, 324(3), 225-226.
- Bollyky, T. J., & Bown, C. P. (2021). *The tragedy of vaccine nationalism: Global trade and the COVID-19 pandemic*. Foreign Affairs, 100(4), 96-108.
- Brown, G. (2021). *Nationalism vs. globalism: The false divide in the fight against pandemics*. Global Health Governance, 15(1), 29-40.
- Clift, C. (2020). *The role of the private sector in global health security: A focus on pharmaceuticals*. Global Health Security: Protecting the World's Most Vulnerable, 135-153.
- Dubé, E., Gagnon, D., & MacDonald, N. E. (2020). *Strategies intended to address vaccine hesitancy: Review of published reviews*. Vaccine, 38(42), 5971-5979.
- Emanuel, E. J., Persad, G., Kern, A., Buchanan, A., Fabre, C., Halliday, D., Heath, M., Herzog, L., Leland, R. J., Lemango, E. T., Luna, F., McCoy, M. S., Norheim, O. F., Ottersen, T., Schaefer, G. O., Tan, K.-C., Wellman, C. H., Wolff, J. H., & Jürgensen, C. W. (2020). *An ethical framework for global vaccine allocation*. Science, 369(6509), 1309-1312.
- Farmer, P. (2020). *Fevers, feuds, and diamonds: Ebola and the ravages of history*. Farrar, Straus and Giroux.
- Fidler, D. P. (2020). *Global health governance in the age of COVID-19*. New England Journal of Medicine, 382(17), 1583-1585.
- Freeman, D., Loe, B. S., Chadwick, A., & Vaccari, C. (2021). *COVID-19 vaccine hesitancy in the UK: The Oxford coronavirus explanations, attitudes, and narratives survey (OCEANS) II*. Psychological Medicine, 51(14), 2523-2536.
- Frieden, T. R., & Lee, C. T. (2021). *Identifying and managing gaps in global pandemic preparedness and response*. Health Security, 19(1), 1-7.
- Ghaffar, A., Tran, N., & Røttingen, J. A. (2021). *Health policy and systems research: Building momentum and community*. Health Research Policy and Systems, 19(1), 1-8.
- Glassman, A., Chalkidou, K., Giedion, U., & Sandefur, J. (2021). *The COVID-19 vaccine rollout: Some lessons from international experience*. Journal of Global Health, 11, 03079.
- Gostin, L. O. (2020). *Global health law: The role of law in addressing pandemics*. Journal of Law, Medicine & Ethics, 48(2), 233-239.
- Gostin, L. O. (2020). *Public health law: Power, duty, restraint*. University of California Press.
- Gostin, L. O., & Wiley, L. F. (2020). *Public health law: Power, duty, restraint*. University of California Press.
- Gostin, L. O., Meier, B. M., & Thomas, R. (2020). *The future of the World Health Organization: What role for international law?*. Public Health, 10(2), 1-12.
- Greer, S. L., King, E. J., Massard da Fonseca, E., & Peralta-Santos, A. (2021). *The comparative politics of COVID-19: The need to understand government responses*. Global Public Health, 16(1), 1-9.
- Hafner, M., Yerushalmi, E., Fays, C., Dufresne, E., & Van Stolk, C. (2020). *COVID-19 and the cost of vaccine nationalism*. RAND Corporation.

- Heymann, D. L., & Shindo, N. (2020). COVID-19: What is next for public health?. *The Lancet*, 395(10224), 542-545.
- Katz, R., & Seifman, R. (2021). *Pandemic preparedness: The need for a national and global approach*. *Journal of Global Health*, 11, 02013.
- Katz, R., Graeden, E., Kerr, J., & Morhard, R. (2018). *Innovations in health security: A call to action*. *Health Security*, 16(4), 239-247.
- Kickbusch, I., & Leung, G. M. (2020). *Response to the COVID-19 pandemic: The need for global governance*. *The Lancet*, 395(10229), 1123-1125.
- Kickbusch, I., & Szabo, M. M. (2021). *A new governance space for health*. *Global Health Action*, 14(1), 1886459.
- Kickbusch, I., Silver, L., & Agrawal, A. (2021). *A global pandemic treaty should aim for deep prevention*. *BMJ Global Health*, 6(9), e007344.
- Kruk, M. E., Myers, M., Varpilah, S. T., & Dahn, B. T. (2015). *What is a resilient health system? Lessons from Ebola*. *The Lancet*, 385(9980), 1910-1912.
- Larson, H. J. (2020). *A global perspective on vaccine safety and public health*. *Nature Medicine*, 26(2), 177-184.
- Lloyd, R. (2021). *Towards a global pandemic treaty: Ensuring a new treaty is effective and equitable*. *Global Health Policy*, 1(1), 10-15.
- Lurie, N., Saville, M., Hatchett, R., & Halton, J. (2021). *Developing Covid-19 vaccines at pandemic speed*. *New England Journal of Medicine*, 382(21), 1969-1973.
- Mazzucato, M., & Momenghalibaf, A. (2020). *Drug policy innovation for global health: Shaping a future agenda*. *The Lancet Global Health*, 8(6), e735-e736.
- Moon, S. (2021). *The role of the WHO in global health governance: The challenges of a changing world*. *Global Governance*, 27(1), 1-18.
- Moon, S., Leigh, J., Woskie, L., Checchi, F., & Dzau, V. (2020). *Post-Ebola reforms: Ample analysis, inadequate action*. *BMJ Global Health*, 5(1), e002549.
- Moon, S., Sridhar, D., & Pate, M. A. (2021). *Will the global health governance system survive the COVID-19 pandemic?* *The Lancet*, 398(10307), 1354-1356.
- Morse, S. S., Mazet, J. A., Woolhouse, M., Parrish, C. R., Carroll, D., Karesh, W. B., ... & Daszak, P. (2012). *Prediction and prevention of the next pandemic zoonosis*. *The Lancet*, 380(9857), 1956-1965.
- Ooms, G., & Hammonds, R. (2015). *Scaling up global social health protection: Prerequisite reforms to the International Monetary Fund*. *International Journal of Health Services*, 45(2), 305-321.
- Pablos-Méndez, A., Vega, J., Aranguren, F. P., Tabish, H., & Raviglione, M. C. (2020). *COVID-19 in Latin America: Lessons learned*. *The Lancet*, 396(10261), 29-30.
- Plotkin, S. A., Orenstein, W. A., Offit, P. A., & Edwards, K. M. (2021). *Plotkin's vaccines*. Elsevier.
- Taylor, A. L. (2020). *Governing the global health security domain*. *International Organization*, 74(S2), 181-203.
- Tiffin, N., George, A., & LeFevre, A. E. (2020). *Improving surveillance and response capacities for health security in Africa: Insights from the African Health Observatory*. *BMJ Global Health*, 5(12), e004217.
- Wenham, C. (2021). *The WHO as a catalyst for global health security*. *Global Health Security*, 14(3), 218-230.

Wenham, C., & Farias, D. B. (2021). *Strengthening global health security through surveillance*. *Global Health Action*, 14(1), 1912990.

Wilson, S. L., & Wiysonge, C. (2020). *Social media and vaccine hesitancy*. *BMJ Global Health*, 5(10), e004206.