What went wrong in the global governance of covid-19?

Plenty, according to the latest independent panel report

Clare Wenham assistant professor of global health policy

The mandate of the Independent Panel for Pandemic Preparedness and Response is to “provide an evidence-based path for the future, grounded in lessons of the present and the past to ensure countries and global institutions, including specifically WHO, effectively address health threats.” These lessons are starting to emerge with the publication of the panel’s second progress report. Unsurprisingly, the report touches several key problems in the global governance of covid-19: WHO’s position, structure, and lack of financing; excessive focus on metrics to the detriment of political analysis; a lack of coordinated and sufficient financing for pandemic preparedness and response; global vaccine inequities; and the role of the broader global health architecture.

Almost every section of the report points to the extent to which politics has driven the trajectory of the pandemic in different locations—establishing that the policies chosen by governments reflect deeper political agendas and that the tension between the economy and public health is a false dichotomy. Those governments willing to take the political and economic hit of harsh restrictions early in 2020 are now benefitting from freedom from population restrictions, and in the case of South Korea and China, flourishing economies.

Trying to appease both public health demands and the libertarian views of the free market has led not only to astronomical death tolls, such as in the US, UK, and Brazil, but to flailing economies. Halfway compromises do not work in response to pandemics and have just dragged out the pandemic for all. Frustratingly, for those of us who research the politics of global health security, this was entirely foreseen.

The panel’s suggestion that protocols within the International Health Regulations (IHR)—WHO’s legal framework for preventing, detecting, and responding to emerging pathogens—are from an analogue era to emerging pathogens is not a new suggestion. The UK government’s leadership of G7 is set to champion global health security, including review and reform of WHO. As the independent panel highlights, global health security has to start with an empowered WHO with the mandate, authority, and financing to execute the public health delivery expected of it. To do this, WHO must confront the geopolitical tensions it has experienced, such as between the US and China, to reassert its leadership and hold governments to account for their flagrant departure from WHO guidance for pandemic preparedness and response. This includes considering whether China could have done more in the early stages of the pandemic, which a WHO panel is currently investigating. Would governments have acted differently had they known about the pathogen sooner?

We need to make sure that accountability is not just focused on China but on the many states that delayed their preparedness and response efforts. The panel highlights that “it is clear that the volume of infections in the early period of the pandemic in all countries was higher than reported.” We need a targeted review that names and shames governments, rather than obscuring them with generalisations. I look forward to bolder reports from the independent
panel that consider not only the economic and social effect of the pandemic but the failure of Western governments too.

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.


This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.