We thank the editors and the reviewer for their generous comments and helpful suggestions. The feedback prompted us to revisit the premise of the paper. As observed by the reviewer, the "multilateral system" was not defined nor was any justification given for focusing on the institutions we chose. As revealed by the criticisms in the specific comments, all of which we agreed with, our uncertain start had many negative consequences that led to questions distant from those we had intended to raise. Our response has been to completely redraft the paper, employing only a few of the original sentences here and there. This allows us to provide a much more clear logic and build a more focused case. We begin by mentioning the forces that drive nations to collaborate on international health challenges, noting that these are embodied in the World Health Organization. But in the COVID-19 period, many shortcomings of WHO and international collaboration have been visible, such as challenges in learning accurate information, competition for PPE, and vaccine nationalism. We review some of these issues and some of the work of WHO to support an argument about how the current response reflects the limits of nations' willingness to collaborate. For instance, member states do not allow WHO to challenge national statistics or to investigate issues without invitation. We follow this logic to show that WHO's authority has been constrained by national interests. In parallel to the weakening of WHO, areas of narrow agreement among donors have spawned new, specialized health agencies, such as Gavi and the Global Fund. We argue that this pattern of ad hoc initiatives reflects the limited agreement of member states to trust one another and has produced a multilateral system incapable of adapting to new problems, such as covid-19.

BMJ Review by Bruce Currey

'The Multilateral System and COVID-19: What are we doing and where are we going?

This highly relevant analysis piece entitled 'The Multilateral System and COVID-19: What are we doing and where are we going?' is written by three distinguished authors at three northern health institutions. Their argument, as expressed in their Standfirst is: 'The COVID pandemic has raised questions about the performance of international institutions. The mixed patchwork of achievements and mis-steps points mainly to limited agreement and low solidarity among the powerful nations that dominate the governance of these institutions'.

At present the argument

- does not analyse 'the multilateral system' and 'international institutions', but rather analyses four 'international health institutions', viz: World Health Organization (WHO), World Bank, Gavi the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. There is no analysis of international institutions such as, the UN Security Council 1, the International Finance Institutions or Regional Institutions like the African Union.
- analyses COVID-19 as a 'pandemic' rather than a 'syndemic'2 so that despite the key words 'political economy' suggesting distribution3,4 and deprivation, what is missing is lines of accountability linking the 'multilateral system' with the vulnerability, susceptibility and adaptability of the parents of future generations5,6 living in deprived areas such as Amapá in Brazil or Sikkim in India.

• Has performance outcomes measured in terms of deaths and dollars, viz: 'More than 10,000 people are dying daily and the world economy is forecast to lose as much as \$22 trillion in 2020 alone'. These are not important 'health' outcomes. ('Health is a state of complete physical, mental and social well-being'). These may be values 7 very different from those of future generations.

Suggestions for the authors to consider to strengthen their argument include:

- Giving a decision-making voice at the e-Security Council of a 'multi-lateral system' to involve potential parents living in deprived areas of the world in articulating the health and well-being needs of their future generations.
- Seizing the opportunity of the 'COVID-19' pandemic to transform all international institutions to invest in 'GRAVID-21' to improve the pre-conception and pre-natal health and wellbeing of future generations.
- Approaching outcome measures of human value holistically, integrating short-term pandemic and each individual's long-term health background of impersonal forces together.

Suggested References

- 1.UN Security Council (2020) Secretary-General Highlights 'Essential' Failure of International Cooperation, in Address to Security Council Meeting on Post-Coronavirus Global Governance. SC/14312 24 SEPTEMBER. New York.
- 2. Horton R (2020) Offline: COVID-19 is not a pandemic. Lancet. 2020 26 September-2 October; 396(10255): 874.
- 3. Public Health England (2020)
- Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update
- 4. Bambra C, Riordan R, Ford J, Matthews F (2020) The COVID-19 pandemic and health inequalities. Journal of Epidemiology and Community Health 74: 964–968.
- 5. Dashraath P, Nielsen-Saines K, Madhi SA, Baud D (2020) COVID-19 vaccines and neglected pregnancy. Lancet. 396 (10252): e22.
- 6. Knight M, Morris RK, Furniss J, Chappell LC (2020) Include pregnant women in research—particularly covid-19 research. BMJ 2020;370:m3305.
- 7. Carney, M (2020) From Covid Crisis to Renaissance Lecture 3. BBC Reith Lectures Radio
- 4. 6th December. https://www.bbc.co.uk/programmes/p0900yrv