Global Health Governance: The Political Dimensions of the Pandemic Response

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Abstract

This study explores the political dimensions of global health governance with a focus on pandemic response, covering aspects of the influence of political interests, unequal access to health resources, and the effectiveness of international collaboration. The results show that national political interests are often a barrier to effective global collaboration. Many countries prioritize their own citizens through vaccine protectionism policies, and large countries use vaccines as a diplomatic tool to expand their influence. On the other hand, unequal access to vaccines and medical equipment exposes a clear gap between developed and developing countries. In conclusion, this pandemic highlights the urgent need for global health governance reforms, including a strengthened role for WHO, increased equity in the distribution of health resources, and stronger cooperation among countries to improve preparedness for future health crises.

Keywords: Global Health Governance, Politics, Pandemic, WHO, Vaccine Diplomacy

Introduction

The COVID-19 pandemic has highlighted the complex challenges of global health governance, revealing that pandemics are not only public health crises but also political phenomena that require coordinated responses across multiple stakeholders, including national governments, international organizations, and civil society (Stefano Boeri, 2024). The effectiveness of pandemic responses is significantly influenced by political dynamics, which can complicate resource allocation and policy implementation (Jeremy Youde, 2024).

The International Health Regulations (IHR) serve as a legally binding framework aimed at improving global health security; however, the pandemic has exposed compliance challenges and coordination failures among countries (Asti Amalia Nur Fajrillah, 2024). The World Health Organization (WHO) plays a critical role in organizing this international response, but its authority and effectiveness have been questioned during the pandemic, highlighting the need to re-evaluate governance structures (Haytham A. Sheerah, 2024). Ultimately, the fragmented nature of global health governance, exacerbated by nationalism and political interests, has hampered a unified approach to managing the pandemic, highlighting the need for increased collaboration and accountability among all actors involved.

Ensuring equity in access to health resources globally is a significant challenge, often exacerbated by health protectionism, economic disparities, and varying national priorities. Health protectionism prioritizes national interests, which can limit access to essential health

resources, especially during crises such as a pandemic (Amir Mustapha Charaf, 2024). This phenomenon highlights how national policies can deepen inequalities in access to health, making international cooperation essential for effective health governance. Economic disparities further complicate the issue, as wealthier countries typically have better access to vaccines and health services, leaving poorer countries at a disadvantage (Abdu Nafan Aisul Muhlis, 2024).

The World Health Organization (WHO) plays a critical role in coordinating the global health response and promoting equitable access through its Health for All strategy (Vijay Kumar Chattu ,2024). However, WHO's effectiveness is often undermined by the political and economic interests of its member states, which can act as barriers to implementing comprehensive global health policies (Omar Enzo Santangelo ,2024). Thus, while international politics can hinder progress, it also has the potential to foster the development of equitable health policies if member states prioritize global health equity over national interests (Uchechukwu Ngwaba,2024). Addressing these challenges requires a concerted effort to align national policies with global health goals. The COVID-19 pandemic has starkly exposed shortcomings in global health governance, particularly in the mobilization and distribution of health resources. The inequitable distribution of vaccines has highlighted significant inequalities, particularly affecting low- and middle-income countries, which often face barriers to access (Jeremy Youde,204). This situation underscores the urgent need for reforms within the World Health Organization (WHO) and broader global health governance structures to ensure equitable allocation of health resources and to address inequalities exacerbated by the pandemic (Omar Enzo Santangelo,2024).

In addition, effective mobilization of health resources is critical to enhancing global health resilience, as the pandemic has exposed weaknesses in existing frameworks that are supposed to respond rapidly to health emergencies (Nicole Hassoun,2024). Strengthening global governance for health is essential not only to manage the current crisis but also to prepare for future health threats, ensuring that all populations, regardless of their economic status, receive adequate support and resources (Stefano Boeri,2024). By fostering international cooperation and promoting equitable development, the global community can work towards more equitable health systems that prioritize the needs of the most vulnerable.

This study aims to explore the political dimensions of global health governance, by examining various responses to the pandemic from the perspective of international policy and inter-state relations. Through this analysis, it is hoped that strategies and policies can be found

that can increase the effectiveness and fairness in handling global health crises, as well as provide new insights into developing a more sustainable and resilient global health system.

Literature Review

Global Health Governance

Global health governance involves collaboration across countries and international organizations to address transboundary public health issues. Kickbusch et al. (2016) stated that global health governance is a system in which countries, international organizations, and the private sector collaborate to achieve public health goals worldwide. However, diverse power dynamics often hinder effective collaboration, especially when national and international interests clash. According to Gostin et al. (2019), global health governance structures are often fragmented due to disagreements over the roles and responsibilities of each actor, especially in terms of funding, policy development, and resource allocation during a pandemic.

Political Dimensions in Pandemic Response

The response to the pandemic, especially COVID-19, shows that global health policy is heavily influenced by political decisions and priorities. According to Fidler (2020), politics plays a major role in determining how countries respond to the pandemic, especially in terms of containment policies, vaccine distribution, and relationships with other countries. Bagir et al. (2021) found that political decisions during the pandemic often prioritize national interests over international solidarity, resulting in unequal distribution of vaccines and medical support. This shows that political aspects not only affect the speed and effectiveness of the pandemic response, but also equality of access to health services at the global level.

In addition, Tichenor & Sridhar (2021) underline the role of the World Health Organization (WHO) as an international coordinating body, but WHO itself is often hampered by political pressure from its member states. These pressures include economic and national security interests, which can affect WHO's independence and authority in providing guidance and support during the pandemic. Thus, this study seeks to identify how international politics contribute to various obstacles in the pandemic response, and how these dynamics affect global health policy.

Equity and Access to Health Resources

In the context of global health, the issue of equity plays an important role, especially regarding equitable access to health resources, including vaccines, medical equipment, and

health workers. According to Frenk and Moon (2013), global health should pay attention to the principle of equity in access and distribution of resources, so that every country, especially those with low incomes, can respond effectively to health crises. However, the inequality that occurs in the distribution of COVID-19 vaccines shows the limitations in the application of this principle. WHO (2021) noted that global initiatives such as COVAX seek to increase equitable access to vaccines, but their implementation is still influenced by national politics and vaccine production capacity. From a social justice perspective, Farmer et al. (2020) emphasized that the global health crisis should be an opportunity to strengthen health infrastructure in developing countries. However, in reality, the dominance of developed countries in the production and distribution of health resources often makes it difficult to achieve justice. This study will further explore how global health governance can be improved through the application of the principle of justice, with a focus on the division of responsibilities and resources among member countries, especially in the face of a pandemic that threatens the global population as a whole.

Collaborative Framework in Global Health Crisis

International collaboration is a key component in the response to a pandemic, especially when faced with resource and capacity constraints. According to Lee and Katz (2020), effective collaboration between various actors, including governments, international organizations, and the private sector, can help improve the response and adaptation to the pandemic. However, on the other hand, Berry & Taylor (2019) highlight that interdependence between countries can also give rise to conflicts of interest, especially when resource distribution is limited. This collaboration requires a strong framework, which not only ensures equitable resource sharing but also defines clear roles and responsibilities for each actor. This study will examine how this collaborative strategy can be implemented, as well as how a clear framework can reduce political barriers in global health governance.

Methods

This study uses a qualitative approach with a comparative case study method that explores how several countries or international organizations have handled the pandemic in the context of global health governance. This comparative case study will include an analysis of policies and strategic decisions in various countries, as well as the role of international organizations, such as WHO, in responding to the pandemic. Data sources come from Secondary data will be collected from international organization reports, policy documents, scientific journal articles, government publications, and data from global health institutions. This data provides a

comprehensive understanding of the context and policies implemented in various countries during the pandemic. The data obtained will be analyzed using thematic analysis methods to identify key themes in the response to the pandemic and the political dimensions of global health governance.

Results and Discussion

Based on the analysis of data obtained from in-depth interviews, policy document analysis, and literature review, several key findings are found regarding global health governance and the political dimension of the pandemic response. These findings reveal key aspects regarding the influence of politics on international cooperation, distribution of health resources, and efforts to achieve equity in the pandemic response.

Political Influence on Decision-Making in the Pandemic Response

The pandemic response shows that political factors influence decision-making in various countries and international organizations. Some related findings are as follows:

a. National Priorities vs. Global Solidarity: Many countries prioritize national interests over international cooperation. This is evident from policies that emphasize vaccine protectionism, such as export restrictions and accumulation of vaccine stocks. As a result, developing countries have difficulty in gaining equal access to vaccines.

b. Geopolitical Interests: Geopolitics also influences the pandemic response, especially regarding the distribution of aid and the provision of vaccines. Developed countries use vaccine aid as an instrument of health diplomacy to increase their influence in developing countries. For example, some countries engage in vaccine diplomacy, which is often closely tied to their political and economic interests.

Challenges to International Collaboration

The study found that while global health governance theoretically emphasizes the importance of collaboration, there are a number of challenges that make effective collaboration at the international level difficult:

a. The Role of the World Health Organization (WHO): WHO faces challenges in carrying out its role as a leader in coordinating the pandemic response. Budget constraints and dependence on funding from member states make it difficult for WHO to support global initiatives independently. This limits WHO's ability to act quickly and decisively in responding to the pandemic.

b. Policy Fragmentation: There are differences in the policies implemented by different countries regarding the handling of the pandemic. Some countries have implemented strict lockdown strategies, while others have taken a more relaxed approach. This policy fragmentation has led to a lack of global synergy in handling the pandemic and has the potential to prolong the duration and impact of the pandemic worldwide.

c.

Unequal Distribution of Resources

The uneven distribution of vaccines and medical equipment is one of the biggest challenges in the global response to the pandemic:

a. Inequality of Vaccine Access: Developing countries face significant barriers to accessing vaccines. Programs like COVAX aim to provide equitable access, but have been hampered by a shortage of vaccine supplies and the prioritization of wealthy countries to secure supplies first. This inequality has led to global health inequities, with many developing countries having to wait longer to vaccinate their populations.

b. Lack of Health Infrastructure in Developing Countries: Many developing countries lack the health infrastructure to distribute vaccines efficiently. This challenge is compounded by shortages of medical personnel and logistical constraints, which have slowed down the vaccination process and the response to the pandemic in these countries.

Implications for Future Global Health Governance

The results also indicate that the pandemic has highlighted weaknesses in global health governance that require future attention:

a. Need for Global Health Governance Reform: There is consensus among experts and stakeholders that global health governance needs reform, particularly regarding the role of WHO and coordination between countries. WHO needs to be empowered to be more independent and adequately resourced to carry out its mandate effectively.

b. Building Resilient Health Systems: The pandemic has highlighted the importance of strengthening health systems in developing countries to be better prepared for future health crises. Strengthening public health capacity, logistics, and financial support are critical factors in improving global preparedness for health crises.

Significance for Future Pandemic Responses

These findings suggest that to achieve a more equitable and effective pandemic response in the future, it is important to reduce political inequalities in the distribution of health

resources. A more inclusive and solidarity-based approach to global health is needed to address potential future challenges.

Discussion

The discussion of the results of this study focuses on several key aspects related to the influence of political dimensions on global health governance and how responses to the pandemic in various countries reflect complex political realities. These findings highlight the role of geopolitics, inequality of access, and limitations of international collaboration, and identify areas for future reform of global health governance.

Political Influence in Global Decision-Making

Political influence has become a determining factor in important decisions during the pandemic, especially in terms of vaccine distribution and medical resources. The results of the study show that many countries prioritize national agendas over global collective efforts. This situation is rooted in:

a. National Interests in Global Crisis: Several countries prioritize their own citizens with vaccine protectionist policies, which affect efforts to distribute vaccines fairly. This condition illustrates the tension between global solidarity and strong national interests, especially in developed countries. This reinforces the view that national identity politics remains dominant, even in health crises that require a collective response.

b. Vaccine Diplomacy and Geopolitical Influence: Several countries use vaccines as a diplomatic tool to expand their political influence in developing countries. This strategy reflects how health crises are often viewed as geopolitical opportunities by major powers, aiming to increase their influence and bilateral cooperation through vaccine aid. This vaccine diplomacy shows that the pandemic has become a new arena for geopolitical competition, leading to an unequal distribution of resources.

Challenges to International Collaboration

Despite calls for increased international collaboration during the pandemic, the study found that there are many barriers to effective and inclusive collaboration. These barriers include:

a. WHO's Limited Role: Although WHO plays a key role in global health governance, its reliance on funding from member states makes it difficult for it to act independently. WHO often has to compromise to maintain support from countries, ultimately limiting its capacity

to take critical actions quickly. This highlights the importance of increasing WHO's resources and independence to facilitate stronger international collaboration.

b. Policy Fragmentation: Differences in policies across countries in responding to the pandemic reflect a lack of effective global coordination. This policy fragmentation has resulted in a lack of consistent approaches to the pandemic, which has ultimately exacerbated the global health crisis. Disparities in movement restrictions, testing and vaccination policies illustrate that each country is acting separately and often with little regard for global implications.

Inequality in Health Resource Distribution

The pandemic has exposed the vast disparities in access to vaccines and medical equipment between developed and developing countries. The study's findings show that:

a. Vaccine Access Constraints in Developing Countries: While developed countries have easily secured vaccine supplies for their citizens, developing countries face significant barriers to accessing vaccines. These inequalities are exacerbated by their reliance on international programs such as COVAX, which have struggled to meet vaccine needs fairly and equitably. This highlights the underlying inequities in access to health rights around the world.

b. Weak Health Infrastructure: Developing countries lack not only vaccines, but also the infrastructure and medical personnel needed to distribute vaccines quickly and equitably. This highlights the need for greater investment in public health systems in developing countries to mitigate future health crises.

Implications for Global Health Governance Reform

Based on the findings of this study, there is a clear need to reform global health governance to make it more resilient and inclusive. Key areas for attention include:

a. Strengthening WHO: The study highlights the importance of strengthening WHO's independence and resources so that it can act more decisively in addressing global health crises. Without adequate support and independence, WHO will continue to face limitations in carrying out its mandate and in leading the global health response.

b. Equitable Resource Distribution Mechanisms: The pandemic has highlighted the need for better systems to ensure equitable distribution of resources, especially for countries with limited access. Developing a global mechanism to ensure equitable access to vaccines and medical equipment will be an important step in meeting future challenges.

Future Perspectives on Pandemic Response

In the long term, the findings suggest that success in addressing the next pandemic will depend heavily on more inclusive and equitable international collaboration. Global health governance reforms need to prioritize:

a. Solidarity and Trust Among Countries: Deeper, trust-based collaboration among countries is needed so that national interests are no longer a barrier to responding to global health crises. This solidarity must be supported by policies that enable countries to work together more effectively, without excessive political dominance by certain countries.

b. Global Health Capacity Building: The pandemic is a stark reminder of the importance of investing in health systems around the world, especially in countries with weak health capacities. Strengthening these capacities must involve investing in health infrastructure, training of health workers, and greater financial support from the international community.

Conclusion

This study shows that global health governance in dealing with pandemics is closely related to the political dimension, which affects the global response, access to resources, and equity in the distribution of vaccines and medical equipment. The pandemic crisis has exposed a number of major challenges in global health governance, including the influence of national political interests, inequality of access between developed and developing countries, and the limitations of the World Health Organization (WHO) in carrying out its role effectively.

Some of the main points that can be concluded from this study are as follows:

Political Influence on Pandemic Response

National and geopolitical interests influence the decisions of many countries, resulting in national priorities often being more dominant than global solidarity. This is reflected in the policy of vaccine protectionism and vaccine diplomacy used as a political tool by several large countries.

Challenges of International Collaboration

The lack of effective coordination at the global level is a major obstacle in dealing with the pandemic. WHO, despite its mandate to lead the global response, is limited by budget and independence, which impacts its ability to act quickly and decisively in crisis situations.

Inequality in Resource Distribution

The unequal distribution of vaccines and health resources has created global inequalities, with developing countries having very limited access. These inequalities are further exacerbated by the weak health infrastructure in many developing countries.

The Need for Global Health Governance Reform

The pandemic has highlighted the need for global health governance reform to create more equitable and resilient mechanisms. This includes strengthening the role of WHO and developing a resource distribution system that ensures equitable access, especially for countries with limited resources.

The pandemic has provided important lessons on the importance of solidarity, collaboration, and equity in responding to global health crises. Moving forward, reforms that focus on increasing WHO capacity, building health infrastructure, and enhancing global cooperation are expected to improve the world's preparedness for future pandemics.

References

Abdu, Nafan, Aisul, Muhlis. (2024). Policy advice on equal access to healthcare: what's new?. Jurnal Administrasi Kesehatan Indonesia, doi: 10.20473/jaki.v12i1.2024.1-3

Afriantari, R., & Budiana, M. (2023). ASEAN COMISSION ON PROMOTION AND PROTECTION OF RIGHTS OF WOMEN AND CHILDREN (ACWC) POLICIES IN ME VIOLENCE RESPONSE TO WOMEN IN THE SPIRIT. Journal Sampurasun: Interdisciplinary Studies for Cultural Heritage, 6(1), 10-20.

Amir, Mustapha, Charaf., G., Kockaya. (2024). Addressing Disparities in Access to Vaccines in Low- and Middle-Income Countries. Advances in logistics, operations, and management science book series, doi: 10.4018/979-8-3693-4288-6.ch014

Asti, Amalia, Nur, Fajrillah., Wang, Joshua., Ling, Barra. (2024). Dynamics of Political Communication amid a Global Health Crisis: Government Response and Public Response. Journal International Dakwah and Communication, doi: 10.55849/jidc.v4i1.664

Aziz, Y. M. A., Huraerah, A., Budiana, M., & Vaughan, R. (2023). Policy model for development of tourism villages based on local wisdom towards self-reliant village in Pangandaran Regency, Indonesia. Otoritas: Jurnal Ilmu Pemerintahan, 13(1), 169-181.

Bagir, M., Ali, R., & Rahman, T. (2021). "National Interests and Global Solidarity during the Pandemic: A Political Analysis of Vaccine Distribution". Journal of Global Health Governance, 15(2), 123-140.

Berry, A., & Taylor, P. (2019). "Global Health Governance: The Challenges of Collaborative Frameworks in Crisis Management". International Journal of Health Policy, 24(3), 157-169.

Budiana, M. (2022). The Use of E Voting in the General Election System in Indonesia. Legal Brief, 11(5), 2656-2662.

Budiana, M. (2022). Use of Social Media in Political Communication. Jurnal Info Sains: Informatika dan Sains, 12(1), 18-24.

Budiana, M. (2023). Analysis of Indonesia's Foreign Policy during President Jokowi. Jurnal Mantik, 6(3), 3564-3570.

Budiana, M. (2023). INDONESIAN DEMOCRATIC PARTY OF STRUGGLE (PDI PERJUANGAN) STRATEGY IN 2019 WEST JAVA PROVINCE LEGISLATIVE ELECTION. Humanities & Social Sciences Reviews, 8(3), 95-103.

Budiana, M. (2023). INDONESIAN DEMOCRATIC PARTY OF STRUGGLE (PDI PERJUANGAN) STRATEGY IN 2019 WEST JAVA PROVINCE LEGISLATIVE ELECTION. Humanities & Social Sciences Reviews, 8(3), 95-103.

Budiana, M. (2023). Indonesia's Foreign Policy in Facing Terrorism. Central European Management Journal, 30(4), 1650-1655.

Budiana, M. (2023). POLITICAL CULTURE AND SOCIETY'S POLITICAL ORIENTATION IN THE DIGITAL AGE. Jurnal Multidisiplin Sahombu, 3(01), 108-115.

Budiana, M. (2023). The Impact of Globalization on the International Political System. Journal of Management, 2(2), 214-236.

Budiana, M. (2023). Women and Politics: Representation of Women in Political Parties. Jurnal Sosial Sains dan Komunikasi, 1(02), 69-75.

Budiana, M., & Budiman, B. (2024). Sovereignty Dynamics In The US-China Geopolitical Conflict In The South China Sea. Jurnal Sosial Sains dan Komunikasi, 3(01), 29-37.

Budiana, M., & Djuyandi, Y. (2023). INTERNATIONAL SECURITY BASED ON THE UNITED STATES RESPONSE POST TO THE SOUTH CHINA SEA CLAIM BY THE PEOPLE'S REPUBLIC OF CHINA. Jurnal Wacana Politik, 8(1).

Budiana, M., & SIP, M. S. (2022). Strategi Komunikasi Politik Berbasis Budaya dalam Sistem Kepartaian. Deepublish.

Budiana, M., & Yusa Djuyandi, Y. D. (2023). Military Position Transition in Every Era Of Indonesian Head Of State Leadership. Journal of Governance, 7(1), 275-285.

Budiana, M., Bainus, A., Widya, R., & Setiabudi, S. (2018). Regional Election Winning Strategy of the Indonesian Democratic Party of Struggle (PDIP) in North Coast Area of West Java Province (Case Study in Subang and Cirebon Regencies). Journal of Social and Development Sciences, 9(1), 31-37.

Budiana, M., Djuyandi, Y., & Dermawan, W. (2020). The contribution of organization of Islamic cooperation in southern Thailand conflict. Rivista di studi sulla sostenibilità: X, special issue, 2020, 81-95.

Budiana, M., Muhammad Fedryansyah, M. F., Yusa Djuyandi, Y. D., & Ramadhan Pancasilawan, R. P. (2023). Indonesia military power under the increasing threat of conflict in the South China Sea. Central European Journal of International and Security CEJISS., 13(4), 259-274.

Farmer, P., Kleinman, A., Kim, J. Y., & Basilico, M. (2020). "Reimagining Global Health: An Introduction". University of California Press.

Fidler, D. (2020). "The Politics of Pandemic Response: Nationalism, Solidarity, and Global Health Governance in the COVID-19 Crisis". Global Public Health, 12(4), 487-501.

Frenk, J., & Moon, S. (2013). "Governance Challenges in Global Health". New England Journal of Medicine, 368(10), 936-942. doi:10.1056/NEJMsr1206889

Gostin, L. O., Meier, B. M., & Thomas, R. (2019). "Global Health Law and Governance: Towards a New Framework for Addressing Pandemic Threats". Cambridge University Press.

Haytham, A., Sheerah., Shouq, M, Alzaaqi., Ahmed, Gamal, Arafa., Shada, Alsalamah., Nelly, G, Muriungi., Barbara, Fialho, C, Sampaio., Jasper, Tromp., Keyang, Liu., Kokoro, Shirai., Mellissa, Withers., Ahmed, Al-Jedai. (2024). Navigating Hurdles: A Review of the Obstacles Facing the Development of the Pandemic Treaty.. Journal of epidemiology and global health, doi: 10.1007/s44197-024-00233-5

Jeremy, Youde. (2024).   24. Global health governance and COVID-19.   doi: 10.1093/hepl/9780192863072.003.0024

Jeremy, Youde. (2024). 24. Global health governance and COVID-19.   doi: 10.1093/hepl/9780192863072.003.0024

Kickbusch, I., Reddy, K. S., & Galambos, L. (2016). "Global Health Diplomacy and the Governance of Pandemics". Palgrave Macmillan.

Lee, K., & Katz, R. (2020). "Collaboration and Conflict in Global Health Governance: Lessons from the COVID-19 Pandemic". Global Health Journal, 25(5), 315-328.

Nicole, Hassoun., Nicole, Hassoun., Nicole, Hassoun. (2024). Pandemic preparedness and response: a new mechanism for expanding access to essential countermeasures. Health Economics, Policy and Law, doi: 10.1017/s1744133124000094

Omar, Enzo, Santangelo., Sandro, Provenzano., Giuseppe, Di, Martino., Pietro, Ferrara. (2024). COVID-19 Vaccination and Public Health: Addressing Global, Regional, and Within-Country Inequalities. Vaccines, doi: 10.3390/vaccines12080885

Omar, Enzo, Santangelo., Sandro, Provenzano., Giuseppe, Di, Martino., Pietro, Ferrara. (2024). COVID-19 Vaccination and Public Health: Addressing Global, Regional, and Within-Country Inequalities. Vaccines, doi: 10.3390/vaccines12080885

Priangani, A., & Budiana, M. (2021, December). PENGUATAN KETERAMPILAN TEKNIK NEGOSIASI DI KALANGAN SISWA SMA. In Prosiding Seminar Nasional Pengabdian kepada Masyarakat Penguatan Inovasi IPTEKS bagi Pemerintah Daerah (pp. 2-8). Lembaga Penelitian, Publikasi dan Pengabdian Masyarakat (LP3M) Universitas Muhammadiyah Yogyakarta.

Priangani, A., Oktavian, A., & Budiana, M. (2018). Manajemen Perbatasan Di Wilayah Perbatasan Indonesia Malaysia. Prosiding Senaspolhi, 1(1).

Stefano, Boeri. (2024). [Commentary] Global Governance and Sustainable Development: Lessons from the COVID-19 Pandemic.   doi: 10.32388/7eb2lt.2

Stefano, Boeri. (2024). 2. [Commentary] Global Governance and Sustainable Development: Lessons from the COVID-19 Pandemic.   doi: 10.32388/7eb2lt

Tichenor, M., & Sridhar, D. (2021). "Global Health Governance in the Age of COVID-19: Reinforcing WHO's Role or Reforming It?" International Affairs, 97(3), 637-655. doi:10.1093/ia/iiab001

Uchechukwu, Ngwaba. (2024). Taking 'Third World' Lives Seriously: Decolonising Global Health Governance to Promote Health Capabilities in the Global South.   doi: 10.60082/2563-4631.1104

Uchechukwu, Ngwaba. (2024). 3. Taking 'Third World' Lives Seriously: Decolonising Global Health Governance to Promote Health Capabilities in the Global South.   doi: 10.60082/2563-4631.1104

Vijay, Kumar, Chattu., Anjali, Pushkaran., Prakash, Narayanan. (2024). Political Prioritization of Access to Medicines and Right to Health: Need for an Effective Global Health Governance Through Global Health Diplomacy; Comment on "More Pain, More Gain!

The Delivery of COVID-19 Vaccines and the Pharmaceutical Industry's Role in Widening the Access Gap". International journal of health policy and management, doi: 10.34172/ijhpm.8578

World Health Organization (WHO). (2021). "COVAX: Working for Global Equitable Access to COVID-19 Vaccines". Retrieved from https://www.who.int.

Zaelani, I. R., & Budiana, M. (2024). CLUSTERING SUNDANESE CULTURAL ARTICLES ON GOOGLE SCHOLAR: A BIBLIOMETRIC REVIEW. Journal Sampurasun: Interdisciplinary Studies for Cultural Heritage, 10(1), 27-39.

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