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RESEARCH ARTICLE

Covid-19 Pandemic and Global Health Governance

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ABSTRACT

The study is focused on COVID-19 and how it has shaped the global health governance discourse in the past few years. Acknowledging the World Health Organisation as the chief global health body, the study highlighted the roles of the organization in managing global health crisis since its inception and how pandemics have had enormous impact on international relations. This study employs ex post facto research design with qualitative approach. Using content analysis, the study analysed the efforts of global health institutions on COVID-19 pandemic, the challenges faced, and objective goals to be achieved. The study concludes that the development of capacity by individual states and sub-regions is a major leap towards better health governance. Global health governance depends largely upon collaborative and collective efforts. It recommends the system strengthening approach, the one health approach and more collaborations and partnerships to consolidating on the successful eradication of the COVID-19 disease. The discussion around COVID-19 cannot be exhausted in a short while, due to the long-lasting effects that it has had on the world. This study offers unique perspective to understanding pandemic management and measures to improve preparedness for future outbreak.

INTRODUCTION

Global health can be likened to the blood vein of the planet Earth. Without it, the planet would get ill and wither off. Literature on global health agrees that for the world to survive in its economy, politics, social and cultural existence, its health remains paramount, the same as every creature that resides on earth. However, in achieving global health, collectiveness is critical. According to Shang et al. (2021), the scope of global health cannot be managed unitarily.

The World Health Organisation (WHO) is the apex body of global health governance. The World Health Organisation plays a global role in promoting universal health coverage –access to the full range of quality health services needed by all, when and where they need them, without financial hardship– and maintaining the best health standards among countries to achieve global health and well-being (WHO, 2020). The authority of the World Health Organisation cuts across issues in health governance, health security, health financing, and health service delivery, among others, allowing the apex health organisation to direct and coordinate good health and well-being globally (WHO, 2020a; Al-Khresheh., 2015).

COVID-19, otherwise called the coronavirus disease of 2019 was an outbreak of disease linked to Wuhan, China. Initially, it was said to have emanated from a seafood market in Wuhan but at the same time, other sources argued that it resulted from leakages from a biological laboratory in Wuhan (Zhu et al., 2020). Tourism and transportation between November 2019 and March 2020 – when the disease was first discovered in China, and the time of the first global lockdown, which is believed to have accelerated the speed of the spread of the new coronavirus disease (Rogers, Jakes and Swanson, 2021; Jam et al., 2011).

The disease could be traced to a similar disruption in 2003 by another coronavirus named the SARS-Cov. The SARS-Cov, popularly known as the SARS-2003, virulently spread on a smaller scale with fewer victims. The mortality rate of the virus was around 10-15 per cent. Similarly, Middle Eastern Respiratory Syndrome (MERS) broke out in 2012. However, it seemed deadlier as it boasts of up to 37 per cent mortality rate. These two coronavirus epidemics now prove to be a warning of what lays ahead (Yi-Chi et al., 2020; Al-Qadri et al., 2022). Coronaviruses are powerful due to their enveloped, positive single-strand ribonucleic acid (RNA) type, which allows them to be present in sputum, nasal discharges, faeces, and blood. They are crown-like shaped. The disease is also massively contagious. Its victims are either symptomatic or asymptomatic, allowing it to fester untroubled (Yi-Chi et al., 2020). The emergence of COVID-19 affected people's movement, goods and services, social gatherings, political gatherings, and reunions. The COVID-19 pandemic led to a monetary crisis that has a long-term economic impact on countries worldwide (Shang et al., 2021; Shalal, 2022). It is therefore pertinent to research WHO's responses to the outbreak of COVID-19 and the various global initiatives and collaborations forged in the process, looking through the lenses of history. This would help create a roadmap for preparedness for future pandemics.

LITERATURE REVIEW

According to historical estimates, the Peloponnesian War of 430 BC in Athens, Greece, was the first recorded pandemic that consumed more than a quarter of the population. People infected would have about a week to live; those who survive that first stage might be down with partial paralysis, blindness, or amnesia till they die. Some of the symptoms include headaches, conjunctivitis, fever, and rashes. After these initial symptoms, the victims would go on to cough blood and experience excruciating stomach cramps, which would lead to vomiting and dry heaves (Huremović, 2019). With no known cause, studies have shown that the disease might be related to typhoid fever. In contrast, others opined that the Ebola virus is haemorrhagic fever (Olson, Hames, Benenson and Genovese, 1996).

Subsequently, the Antonine Plague (an early version of smallpox) followed in 163 AD and devastated much of the Roman Empire. The next pandemic was the Cyprian plague of 250 AD, which devastated Europe, even though it was said to have originated from Ethiopia and found its way through Northern Africa to Europe. European expansion and glory hunting were prominent factors in spreading infectious diseases globally. The Justinian Plague of 541 AD, which originated from Egypt, was next. It spread to the Mediterranean, crossing through Palestine and the Byzantine Empire. This plague negatively impacted the planes of Justinian, the Great of Byzantine, to consolidate the power of the Roman Empire. However, Mordechai, Eisenberg, Newfield, Izdebski, Kay and Poinar (2019) opined that scientific and humanistic consensus might have popularly exaggerated the effects of the Justinian Plague. However, these plagues were just the beginning of an emerging trend of killer pandemics that were set to ravage the 11th century and beyond (Moore, 2021; Mordechai, Eisenberg, Newfield, Izdebski, Kay and Poinar, 2019; Piret and Boivin, 2021; Al-Natour et al., 2024).

To set the floor for a new trend in the infectious spread of disease was Hansen's disease, popularly known as Leprosy. Leprosy was said to have emerged from the Middle East and travelled to Europe,

where it became a pandemic. The infamous Black Death of 1347-1351 followed the Hansen's disease. The disease was said to have originated in China in 1334, sweeping through from the East to other parts of the continent before boarding the land and sea trade routes of the medieval Silk Road to Europe. It had swept virtually across Europe in about five years, with Russia and the Middle East as victims too. The same vector and pathogen caused the Black Death disease as the Justinian Plague (fleas associated with wild rodents; *Yersinia pestis*). It was responsible for between 150 and 200 million deaths, making it the second and the second-largest outbreak of the Bubonic Plague (Daudu, Osimen & Shuaibu, 2023). Successive waves followed this, but none could leave a bolder statement than the Black Death (Huremović, 2019; Mordechai, Eisenberg, Newfield, Izdebski, Kay and Poinar, 2019).

The Spanish flu pandemic was next to ravage the world between 1918 and 1920. It was caused by the influenza virus known as H1N1 (Huremović, 2019, p. 19). This flu can be regarded as the first pandemic that was truly global, affecting all societies across the globe. Some scholars argued that the spread of the flu was made possible because of the First World War. The movement of armed forces across international borders influenced the outcome of World War I (Price-Smith, 2008; Huremović, 2019). The subsequent pandemic started in the 1980s in the United States of America. It was known as the HIV/AIDS pandemic. It would start as HIV, then graduate into AIDS and move to death. A significant part of the LGBTIQA+ population was the first hit, leading to stereotypes and social stigmas. Since HIV/AIDS's crisscrossing across the border, the disease has had a vast subscription in some sub-Saharan African countries. HIV/AIDS has been steadily and slowly growing across borders, continents, and decades, bringing new challenges in its passing (Huremović, 2019).

However, modern advances in treatment have made HIV/AIDS a pandemic manageable by medications. Furthermore, the stigma associated with the disease is a breeding ground for depression. Mental health imbalance is a significant feature for victims of infectious diseases. The victim would be exposed to isolation, quarantine, stigmatisation, stereotyping, and so forth (Ciesla and Roberts, 2001; Huremović, 2019). After these pandemics, others ensued with varying degrees of consequences. They include the following: severe acute respiratory syndrome (SARS) caused by the SARS Coronavirus (SARS-Cov) in 2003; the Swine Flu of 2009, which was seen as a comeback of the Spanish flu; the Ebola Outbreak of 2014-2016; and the Zika virus also emerged between 2015 and 2016. The next pandemic was first found in Wuhan, China, in November 2019, known as the coronavirus 2019 (COVID-19), which SARS-CoV-2 caused. Global efforts have emerged to nip the pandemic in the bud. The pandemic led to a global lockdown in 2020. It has affected all sectors of human endeavour (World Health Organisation, 2021).

Global health refers to the well-being, liveliness, and health of global citizens, that is, all world populations (Weber, 2020). As much as global health is medical, it is vital to socioeconomic development. It influences diplomatic relations and national security matters while providing adequate economic incentives. Global health explains health in terms of physical, mental, and social well-being rather than the mere absence of diseases. Global health is a branch of sciences concerned with medical and health challenges with global impacts or a global dimension to the necessary solutions. Hence, global health is saddled with the need to develop global solutions and implications for global medical and health challenges (Chen *et al.*, 2020).

Health and other non-health-related development goals created a necessity for science and technology to champion solutions for the present and future (Herweijer and Waughray, 2019). Global health is significant to all countries, especially countries less developed in their healthcare sector. Women and children die in less developed countries annually through health-related complications that would be less harmful in more developed environments (Moon et al., 2010). It also poses a

considerable challenge for developed countries that get raw materials for economic activities from less developed countries prone to health-related challenges. The health challenges prevalent in developing countries also challenge the world at large because the well-being of the people is crucial to the interaction and interdependencies of the global village (Centre for Disease Control and Prevention, 2023; Moon *et al.*, 2010).

The World Health Organisation saddled with the responsibility to coordinate the activities of all global health actors to find a solution to the pandemic, has coordinated several collaborations with national governments, non-state actors and public-private partnerships to achieve its objectives. The development of a vaccine to manage the Coronavirus has largely been successful. The success can be attributed to the capital investment into vaccine production by the United States of America, COVAX led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, World Health Organisation, UNICEF, among others (World Health Organisation, 2022). The vaccination efforts are very laudable, as COVAX and its partners have delivered over 1 billion doses of the COVID-19 vaccines as of January 2022. Out of 194 member states of the World Health Organisation, 36 members have vaccinated less than 10% of their population, and 88 have vaccinated less than 40%. It is considerably small. Besides COVAX's efforts, national governments and multilateral organisations have also purchased vaccines (Braimah, Gberevbie, Chidozie & Osimen, 2024). It brings the total vaccine doses administered globally to 10,095,615,243. Over 4 billion people, about 54.1% of the global population, have been fully vaccinated. A large pool of people is still to be vaccinated (World Health Organisation, 2022).

Since the availability of COVID-19 vaccines globally, the pandemic has increased, and there have been several variants of concern (VOCs): Alpha, Beta, Gamma, Delta, and Omicron. There are also several variants of interest (VOIs), including Epsilon, Zeta, Eta, Theta, Kappa, Lambda, and Mu variants (Cascella, Rajnik, Aleem, Dulebohn and Di Napoli, 2022). So far, the COVID-19 has spread through 223 countries. In contrast, the newest variants of concern (VOCs) – Omicron – have spread to about 76 countries since its first reportage in November 2021 (Daudu, Osimen,&Ameh, 2024). While the pandemic is growing, WHO is doing an excellent job of coordinating global health forces (Cascella, Rajnik, Aleem, Dulebohn and Di Napoli, 2022).

Theoretical Framework

This study adopts the theory of global governance as its theoretical framework. One of the global governance theory proponents is Zurn (2018). Zurn (2018) believes global governance exercises authority across national borders and consents to norms and rules beyond the nation-state. This theory is divorced from the realist tradition that focuses on the state as the basic unit of analysis. Global governance institutions represent values and practices that have acquired an authoritative quality not accepted as legitimate by select transnational and national actors. Zurn (2018) believes that there is a rise in international authority, which stems from the growth of global governance institutions in political and epistemic authority.

METHODOLOGY

This study employed the *ex post facto* research design. This method ensures that the investigation commences after the fact has occurred without the possibility of interference from the researcher (Njoaguani, 2020). The *ex post facto* research design allows the researcher to infer from already established occurrences and happenings around the COVID-19 pandemic while obtaining relevant information from the observed population that is original to the study.

RESULT AND DISCUSSION

Global Health Institutions and the Management of COVID-19 Pandemic

Global Health as a concept refers to the well-being, liveliness, and health of global citizens, that is, all world populations (Weber, 2020). As much as global health is medical, it is key to socio-economic development. It influences diplomatic relations and national security matters while providing adequate economic incentives. Global health explains health in terms of physical, mental, and social well-being, rather than the mere absence of diseases. Global health is a branch of sciences concerned with medical and health challenges with global impacts or a global dimension to the necessary solutions. Hence, global health is saddled with the need to develop global solutions and implications for global medical and health challenges (Chen *et al.*, 2020, p.2).

As the history of pandemics has shown, pandemics are natural or manufactured disasters that can render the world human-less if left unattended. To this end, the World Health Organisation was established in 1948 to tackle global health challenges on a global scale. Since its inception, it prioritises the containment of diseases through sanitary regulations and other regulatory frameworks, such as the framework for global health governance. However, the increasing spread of infectious diseases and their accompanying impact on the planet led to the introduction of other global health actors to advance global health (Fidler, 2001; Njoaguani, 2020). It is critical to aggregate health diplomacy and sustainable development goals to achieve global health. This form of diplomacy has fostered interrelatedness and international cooperation among nations while devising various legal instruments to integrate global health into foreign policy discourses continually (Katz et al., 2011; Njoaguani, 2020; Folorunso *et al.*, 2024).

The relationship between the World Health Organisation and other health governance bodies is deeply rooted in health diplomacy, also referred to as global health diplomacy. According to Katz *et al.* (2011), global health diplomacy can be tact in activities relating to health negotiations, health partnerships, and interactions between state and non-state actors within the international community. Since the UN Charter was published and signed by member states of the United Nations, the principle of collective action, responsibility to protect and preventive diplomacy has significantly impacted health governance. Now, nation-states take collective actions concerning global health crises. The responsibility to protect spurs countries from rising in defence of another. At the same time, preventive diplomacy has led to the World Health Organisation's campaign to prevent infectious diseases and non-communicable diseases. Health diplomacy has seen several international efforts, most of which were centred on surveillance and control of many diseases. It was necessary to improve healthy trade relations among neighbours since health challenges have become a significant hurdle to international relations and businesses during pandemic times (Youde, 2012).

The preceding asserts that health diplomacy is not limited to solving health-related challenges but also driving healthy relations among states across bilateral and multilateral levels (Katz et al., 2011). These multi-stakeholder initiatives include Gavi, the Vaccine Alliance, Roll Back Malaria, and the Global Polio Eradication Initiatives, among others. These initiatives are predicated upon the several treaties and multilateral agreements enacted through the World Health Assembly, which sets the norms and standards for global health frameworks across all levels of engagement (Katz et al., 2011).

Until the later part of the 20th century, health governance was internationally sponsored by multilateral organisations and national governments. There were a limited number of stakeholders and partners so much that the responsibility for the bilateral flow of funding from donor to recipient governments rested upon the national ministries of individual states; to deliver the health services. International Health Governance (IHG), as it were, was more straightforward, with a clear line of

responsibility and a fewer number of actors, with the International Health Regulations (IHR) as the handler. Critics have charged international Health Governance to serve the interest of the powerful States, and also, due to the limited outbreaks and the capacity of developed states to handle meagre outbreaks with their advanced medical and administrative capacities, there was no real need to unite globally, so fewer nations interacted under the International Health Regulations (Ng & Ruger, 2011, p. 2)

Kelley (2011) categorises global health as comprising the United Nations agencies for health led by the WHO, bilateral donor governments such as the G8 member states, Public-Private Partnership across multiple sectors, philanthropic foundations, corporations, and civil society organisations. All global health governance structures have become even more critical in the event of things, as maintaining global health remains capital intensive in a capitalist world.

Challenges of Global Governance in the Management of COVID-19 Pandemic

From published literature, global health suggests the study of public health, environmental health, and economic development (Chen *et al.*, 2020; Sabogal, 2010; Borowy, 2012). While capitalists and globalists would argue that economic development is a crucial part of global health, non-globalist would argue that public and environmental health is the germane point of discourse. However, every health and non-health parameter that fulfils the character of global health should be given preference (Chen *et al.*, 2020). For this work, global health would essentially be conceived as global public health, as defined by Moon et al. (2010) and Chen et al. (2020). They posit global public health as promoting and protecting people's health and the communities (world) where they live, learn, work and play (Braimah, Gberevbie, Chidozie & Osimen, 2025).

Gill and Benatar (2017, p.237) identified global health structure as primarily *large corporations*, *private well-capitalised philanthropies*, *governments*, *health insurance companies* and *health researchers*. However, Gill and Benatar (2017) argued that these global power structures are the exact reason for the inefficiency and the inability of the world to enjoy good health and wellness, as opposed to the lack of resources or poverty. They referred to the ever-widening gap and the concentrated flow of resources from the emerging countries to the more affluent countries, the increasing refugeeism, which directly influences the possibility of a world with a clean health slate or ability to solve critical health challenges (Osimen, Fulani, Chidozie, & Dada, 2024).

The World Health Organisation, saddled with the responsibility to coordinate the activities of all global health actors to find a solution to the pandemic, has coordinated several collaborations with national governments, non-state actors and public-private partnerships to achieve its objectives. The development of a vaccine to manage the coronavirus has largely been successful. The success can be attributed to the capital investment into vaccine production by the United States of America, COVAX led by Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, World Health Organisation, UNICEF, among others (World Health Organisation, 2022).

The vaccination efforts are very laudable, as COVAX, together with its partners, has delivered over one billion doses of the COVID-19 vaccines as of January 2022. Out of 194 member states of the World Health Organisation, 36 members have vaccinated less than 10% of their population, and 88 have vaccinated less than 40%. It is considerably small. Apart from COVAX's efforts, national governments and multilateral organisations have also purchased vaccines. It brings the total vaccine doses administered globally to 10,095,615,243. Over 4 billion people have been fully vaccinated, totalling about 54.1% of the global population. There is still a large pool of people to be vaccinated (World Health Organisation, 2022).

Since the availability of COVID-19 vaccines globally, the pandemic has proliferated, and there have been several variants of concern (VOCs), which are: Alpha, Beta, Gamma, Delta, and Omicron variants. There are also several variants of interest (VOIs), including Epsilon, Zeta, Eta, Theta, Kappa, Lambda, and Mu variants (Cascella et al., 2022). So far, the COVID-19 has spread through 223 countries. In contrast, the newest variants of concern (VOCs) – Omicron – have spread to about 76 countries since its first reportage in November 2021. While the pandemic is growing, WHO is doing an excellent job of coordinating global health forces, however in 2022, over two years from the first case, the cases and the deaths are increasing even among several vaccinated people, and more might need to be done (Cascella et al., 2022).

Ruger and Yach (2014) opined that global governance for WHO would be more effective when efforts are pulled on trade issues concerning medicine. Subsequently, a Kyoto-styled medical treaty needs to be implemented for states who sign on to invest a portion of their gross domestic product in medical advancements while allowing states to take recognition with other states for their investments. For the WHO to preserve its coordinating role as the apex health agency that coordinates legal and non-legal activities of different health organisations, they have to develop expertise in law-making in biotechnology to aid the integrated and efficient decision-making process. Lastly, need for the continuation of reforms and consistent updating of existing global regulations for infectious disease control. It would be achievable under the umbrella of multilateral coordination and cooperation among states by international legal and non-legal instruments.

Categorically, these functions can be spread into five sub-functions, which are:

1. Providing Leadership on Global Health Matters. State and non-state actors are now involved in advancing global health at various levels of importance. However, the WHO acts as a uniting force, providing leadership across all global health subjects.
2. Shaping of Research Agenda. In every human society, research is critical to development. For global health, research is fundamental, especially when battling new communicable diseases. The WHO, therefore, shapes this core function for the benefit of the world's population.
3. Setting the Standards for Global Health. As the chief governing body for global health matters, the WHO sets international standards for monitoring and implementing global health policy and practices. To achieve this, the apex health organisation does an annual review of its standards which brings together the global health community for constructive critique and updates.
4. Building Strong Evidence-Based and Ethical Policy. Other organisations are working on the objective of promoting global health. However, WHO takes the responsibility of advocating and supporting strong evidence-based science and ethical policies. In a world ruled by capital acquisition in medicine, the WHO stands as an institution with fundamental policy roots in support of global citizens; and
5. Monitoring and Evaluating Health Trends and Concerns. Core to the functions of the World Health Organisation is the tracking of health trends globally. This assessment allows the WHO to direct and redirect resources to communities that need help the most. It also affects diseases' spread. This factor allows the WHO to provide excellent services to communities globally while also tracking emerging trends in medicine and disease outbreaks (Njoaguani, 2020; Best Health Science Degree, 2022)

These efforts are not limited to infectious diseases. They cover surveillance and responses to non-communicable diseases in Africa too. According to Wamai (2018), data is critical to disease surveillance. While African countries have been lacking in the gathering of data on communicable and non-communicable diseases, where data is available, it is of low quality (Wamai, 2018). To this end, which has actively participated in making available necessary quality data through its resources

in Africa (Wamai, 2018). WHO has active surveillance in Kenya, Angola, DRC, Liberia, and Nigeria, among other African countries (Wamai, 2018).

The World Health Organisation has had its share of successes and failures. From its inception, the organisation collaborated with national governments to solve hygiene and environmental health challenges. The post-World War II rebuilding struggles went *pari passu* with technological and scientific developments sponsored by WHO to control infectious diseases and devastating bacterial infections. However, the shift from a horizontal approach to a vertical approach, a more holistic and long-termed gratification, to a disease-specific and short-termed alternative (Clinton and Sridhar, 2017). The Alma-Ata Declaration emphasized global health as a fundamental human right, favouring the horizontal approach to global governance. Nevertheless, the fiscal crisis that broke out shortly after, in addition to the desire of global health donors to have control over their aid, had swung the pendulum in favour of the vertical approach to global health governance and management of diseases (Ruger and Yach, 2014; Clinton and Sridhar, 2017).

Clinton and Sridhar (2017, p. 11) also documented the ineffectiveness of WHO's governance, exemplified by the establishment of UNAIDS, whose duty was parallel to WHO's global action on HIV/AIDS in 1994. Several criticisms rocked WHO's leadership. Among the critiques was the lack of trust between donors and the organisation, which was also occasioned by the re-election of Hiroshi Nakajima as a second term Director-General over several dissenting donor representatives. It actively dwindled the support that the organisation had among the wealthiest donors. Furthermore, it is also important to note that donor states within the WHO are not the only ones that think that horizontal approaches to global health governance will not attract the necessary resources needed to achieve the enormous task of *health for all* initiatives. Over two hundred other international organisations with a core focus on global health–public partnerships, private partnerships, and public-private partnerships–favour the vertical approach over the horizontal approach. Although, some partnerships have sponsored horizontal approaches that complement their vertical systems to strengthen health systems, such as Gavi, the Vaccine Alliance, and the Global Fund to fight AIDS, Tuberculosis and Malaria (Clinton and Sridhar, 2017, p. 13).

With so many accolades bestowed on the vertical approaches by global health actors, there are also certain identifiable flaws. Advocating for performance, efficiency, and technology in what they fund, global health actors have craftily introduced capital hegemony – the rule of financial giants in the health sectors – thus, concentrating so much power in the hands of big pharmaceutical companies. However, the rise of other pharmaceuticals among the BRICS countries seeks to balance this enormous power, at the least. Although compelling, the vertical approaches have brought in and empowered the private sector (Osimen, et al, 2024). The horizontal approaches would have largely concentrated power in the hands of state global health actors. Another criticism of the public-private partnership system is that private interests are chief rather than the interests of governments and their people. However, rather than critiquing partnerships, attention should be channelled towards incentivising companies to act morally (Gostin, 2012; Clinton and Sridhar, 2017). The World Health Organisation remains a coordinating force, pulling together other global health actors to manage the emergence of diseases. Unlike the horizontal approach that seeks to favour a futuristic model in the prevention, control and management of infectious disease, the vertical approach as we have it today is more concerned with curing a known disease rather than chasing the unknown and abandoning the known. These activities echo the functions of the WHO in the region.

CONCLUSION AND RECOMMENDATIONS

This study on COVID-19 has far-reaching implication beyond infectious disease control or just COVID-19, but it highlights the deficiencies as well as capacities in the African health system in general. States must take health seriously, and the regional organisation should be able to create a

forum for setting this agenda and health norms. There is a need to develop capacity in the state and the region too. A system strengthening approach, the one health approach and more collaborations should be at the heart of consolidating on the successful eradication of the COVID-19. It is also essential to adopt the horizontal approach to health and not just a disease-specific approach which is predominant. The SDG 17 emphasizes the strengthening of institutions, multi-level partnerships and public-private partnerships.

Finally, the study on global health governance and the management of the COVID-19 is not restricted to the field of health governance alone, but it is essentially a critical subject for International Relations study and practice. This study has spotlighted the interplay of critical concepts in the field, including health security, national security, global governance, global social policy, health policies and global health politics. More studies and considerations must be given to these concepts, their interaction, and their implication for development.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest

REFERENCES

Adesina, O. S., Adedotun, A. F., Adeboye, N. O., Adesina, T. F., Okagbue, H. I., and Gboyega, A. F. (2023). On COVID-19 vaccination in Nigeria: An empirical study. *International Journal of Design & Nature and Ecodynamics, 18*(1), pp. 219-224. https://doi.org/10.18280/ijdne.180128

Akinhanmi, F. O., Ayanda, O. I., Ahuekwe, E. F., Dedeke, G. A. (2023). Mitigating the Impacts of the COVID-19 Pandemic on Crop Farming: A Nanotechnological Approach. *Agriculture, 13*(6), 1144. https://doi.org/10.3390/agriculture13061144

Al-Khresheh, M. H. (2015). A review study of interlanguage theory. *International Journal of Applied Linguistics and English Literature*, *4*(3), 123-131.http://dx.doi.org/10.7575/aiac.ijalel.v.4n.3p.123

Al-Natour, M. M., BaniKlaef, A., & Al-Bataineh, K. B. (2024). A Sociolinguistic Study on the Addressed Positive Politeness Strategies by the English Professors with Their Bachelor Students. *Pakistan Journal of Life and Social Sciences*, *22*(2), 5623-5632.

Al-Qadri, A. H., Ahmed, S. A., Suliman, M. A., Al-Khresheh, M. H., Boudouaia, A., Zhao, W., & Zhang, W. (2022). Academic expectations among international students from North-Western China: A case of technology use during and post COVID-19. *Frontiers in Psychology*, *13*, 919702.https://doi.org/10.3389/fpsyg.2022.919702

Best Health Science Degree (2022). 5 Important Functions of the World Health Organization. Retrieved on 06/02/2022 at: http://www.besthealthsciencedegree.com/lists/5-important-functions-of-the-world-health-organization/

Borowy, I. (2012). Global Health and Development: Conceptualising Health between Economic Growth and Environmental Sustainability, *JHMAS*, *68*(3), pp.1-35.

Braimah, E S, Gberevbie, D E, Chidozie F, Osimen, G U. (2024). Drivers and outcomes of international migration on infrastructural development of Edo State, Nigeria, Journal of Infrastructure, Policy and Development 2024, 8(8), 5974. https://doi.org/10.24294/jipd.v8i8.5974

Braimah, E S, Gberevbie, D E, Chidozie F, Osimen, G U. (2025). Assessing the Effect of International Migration on the Livelihood of the Bini People of Edo State, Nigeria. 8(1), 12 23. https://doi:10.53894/ijirss.v8i1.3537.

Cascella, M., Rajnik, M., Aleem, A., Dulebohn, S. C. & Di Napoli, R. (2022). *Features, Evaluation, and Treatment of Coronavirus (COVID-19).* Treasure Island: StatPearls Publishing LLC. Available at: https://www.ncbi.nlm.nih.gov/books/NBK554776/

Chen, F., He, Y., & Shi, Y. (2022). Parents' and Guardians' Willingness to Vaccinate Their Children against COVID-19: A Systematic Review and Meta-Analysis. *Vaccines*, *10*(2), 179. https://doi.org/10.3390/vaccines10020179

Clinton, C. & Sridhar, D. (2017). *Governing global health: who runs the world and why?* New York: Oxford University Press. ISBN 9780190253295 (e-book).

Daudu, B. O., Osimen, G. U., & Shuaibu, K. (2023). Cyberbullying and Social Media: Implications for African Digital Space.In Mohamed Lahby, Al-Sakib Khan Pathan & Yassine Maleh (eds.), Combatting Cyberbullying in Digital Age with Artificial Intelligence (pp. 243-253). Chapman and Hall/CRC Press.

Daudu, B.O., Osimen, G.U & Ameh, A (2024) Rethinking Democratic Governance in Nigeria; in Tshishonga, et al (Eds) Book" Democratization of Africa and its Impact on the Global Economy" Pp.32-47. IGI Global Books

Fidler D. P. (2001). Legal issues surrounding public health emergencies. *Public health reports (Washington, D.C.: 1974)*, *116 Suppl 2*(Suppl 2), 79–86. https://doi.org/10.1093/phr/116.S2.79

Folorunso, G. I., Duruji, M. M., & Chidozie, F. C. (2024). Appraisement of glocalisation in the context of Nigeria's foreign policy: A concentric approach. *Cogent Arts & Humanities*, *11*(1). https://doi.org/10.1080/23311983.2023.2286735

Gill, S. and Benatar, S. R. (2017). History, Structure and Agency in Global Health Governance: Comment on "Global Health Governance Challenges 2016 – Are We Ready?". *International Journal of Health Policy and Management, 6*(4), pp. 237–241.

Gostin, L. (2012). A Framework Convention on Global Health: Health for All, Justice for All, *Journal of the American Medical Association*, *307*, pp. 2087–2092.

Huremović, D. (2019). Brief History of Pandemics (Pandemics Throughout History), *Psychiatry of Pandemics*, Switzerland: Springer Nature. https://doi.org/10.1007/978-3-030-15346-5_2

Ifijeh, G., & Yusuf, F. (2020). Covid - 19 pandemic and the future of Nigeria's university system: The quest for libraries' relevance. *Journal of academic librarianship*, *46*(6), 102226. https://doi.org/10.1016/j.acalib.2020.102226

Jam, F.A., Khan, T.I., Zaidi, B., & Muzaffar, S.M. (2011). Political Skills Moderates the Relationship between Perception of Organizational Politics and Job Outcomes.

Katz, R., Kornblet, S., Arnold, G., Lief, E., and Fischer, J. (2011). Defining health diplomacy: changing demands in the era of globalization. *The Milbank Quarterly, 89*(3), pp. 503-523.

Moon, S., Szleziak, N. A., Michaud, C., Jamison, D. T., Keusch, G. T., Clark, W. C & Bloom, B. R (2010). The Global Health System: Lessons for a Stronger Institutional Framework. *PLoS Med* 7(1): e1000193. Doi: 10.1371/journal.pmed.1000193

Moore, S. (2021). History of Infectious Diseases. Retrieved from: www.news-medical.net/health/History-of-Infectious-Diseases.aspx

Mordechai, L., Eisenberg, M., Newfield, T. P., Izdebski, A., Kay, J. E. & Poinar, H. (2019). The Justinianic Plague: An inconsequential Pandemic? *PNAS*, *116*(51), pp. 25546-25554

Ng, N. Y., & Ruger, J. P. (2011). Global Health Governance at a Crossroads. *Global Health Governance,* 3(2), 1-37.

Njoaguani, O. (2020). *Sub-regional health governance and management of Ebola epidemic in Nigeria and Sierra Leone 2014-2016*. Unpublished Thesis. Ota: Covenant University.

Olson, P. E., Hames, C. S., Benenson, A. S., & Genovese, E. N. (1996). The Thucydides syndrome: Ebola déjà vu? (or Ebola reemergent?). *Emerging infectious diseases*, *2*(2), 155–156. https://doi.org/10.3201/eid0202.960220

Osimen, G. U, Newo, M, & Fulani, O. (2024). Artificial Intelligence and Arms Control in Modern Warfare. Cogent Social Sciences, 10 (1),2407514. https://doi:10.1080/23311886.2024.2407514

Osimen, G. U., Fulani, O. M., Chidozie, F., & Dada, D. O. (2024). The Weaponisation of Artificial Intelligence in Modern Warfare: Implications for Global Peace and Security. Research Journal in Advance Humanity, 5(3), Pp 24-36 https://doi.org/10.58256/g2p9tf6

Piret, J. & Boivin, G. (2021). Pandemic through history. *Frontiers in Microbiology*, 11:631736

Price-Smith, A (2008). *Contagion and Chaos: Disease, Ecology, and National Security in the Era of Globalization*. The MIT Press: Cambridge, MA. ISBN 10: 0262662035

Rini, H. S. (2024). Maintaining Schools as Socio-Educational Environments for Teachers During the COVID-19 Pandemic. *Revista De Gestão Social E Ambiental*, *18*(7), e05538. https://doi.org/10.24857/rgsa.v18n7-009

Rogers, K., Jakes, L. & Swanson, A. (2021). Trump Defends Using 'Chinese Virus' Label, Ignoring Growing Criticism, *The New York Times*. Retrieved on 01/05/2022 at: https://www.nytimes.com/2020/03/18/us/politics/china-virus.html

Ruger, J. P., and Yach, D. (2014). The Global Role of the World Health Organization, *Global Health Governance*, *2*(2), pp, 1-11.

Sabogal, R. (2010). Global Environmental Health: Sustainability, *Journal of Environmental Health*, 73(3), pp. 26-27. CDC, National Centre for Environmental Health: Atlanta, GA.

Shalal, A. (2022). IMF sees cost of COVID pandemic rising beyond $12.5 trillion estimate, *Reuters*. Retrieved on 01/05/2022 at: https://www.reuters.com/business/imf-sees-cost-covid-pandemic-rising-beyond-125-trillion-estimate-2022-01-20/#:~:text=WASHINGTON%2C%20Jan%2020%20(Reuters),global%20lender%20said%20on%20Thursday.

Shang, Y., Li, H., & Zhang, R. (2021). Effects of Pandemic Outbreak on Economies: Evidence from Business History Context, *Frontiers in Public Health, 9*, 632043. https://doi.org/10.3389/fpubh.2021.632043

Shang, Y., Li, H., & Zhang, R. (2021). Effects of Pandemic Outbreak on Economies: Evidence from Business History Context, *Frontiers in Public Health, 9*, 632043. https://doi.org/10.3389/fpubh.2021.632043

Wamai, R. G., Kengne, A. P. & Levitt, N. (2018). Non-communicable diseases surveillance: overview of magnitude and determinants in Kenya from STEPwise approach survey of 2015, *BMC Public Health, 18*(Suppl 3), pp. 1-8

WHO (2020). *Lassa Fever – Nigeria.* WHO. Retrieved from https://www.who.int/csr/don/20-february-2020-lassa-fever-nigeria/en/

WHO (2022a). *What we do*. Retrieved on 02/05/2022 at: https://www.who.int/about/what-we-do#:~:text=WHO%20works%20worldwide%20to%20promote,better%20health%20and%20well%2Dbeing.

World Health Organisation (2022). *WHO Coronavirus (COVID-19) Dashboard*. Accessed on 09/02/2022 at https://covid19.who.int/

Yi-Chi, W., Ching-Sung, C., & Yu-Jiun, C. (2020). The outbreak of COVID-19: An overview, *Journal of the Chinese Medical Association, 83*(3), pp. 217-220, doi: 10.1097/JCMA.0000000000000270

Youde, J. (2012). *Global Health Governance*. Polity Press: Cambridge, UK. ISBN-13: 978-0745653099.

Zampier, M. A., Stéfani, S. R., & Dias, B. G. (2022). Sustainable Development Goals - Sdgs in the Context of the COVID-19 Pandemic in Cooperatives. *Revista De Gestão Social E Ambiental*, *16*(2), e02913 . https://doi.org/10.24857/rgsa.v16n2-004

Zhu, H., Wei, L. & Niu, P. (2020). The novel coronavirus outbreak in Wuhan, China, *Global Health Research and Policy*, *5*(6), https://doi.org/10.1186/s41256-020-00135-6