

Frans Lavdari

LUISS Guido Carli University (Italy)

ORCID: 0000-0002-0137-0818

e-mail: frans.lavdari@outlook.com

Nationalisms, Liberalism, and Game of Force: The New Transformations of Global Governance Between WHO and WTO in the 21st Century

Abstract: The COVID-19 pandemic and the conflict in Ukraine have brought to the surface problems of the modern world that the international community has not seriously addressed. These problems appear to be, on the one hand, the management of global public health and, on the other, relations between states on international trade. These situations are linked to circumstances that have altered the power relations of states over the years, challenging the centrality of the West and the already fragile power of UN institutions. This research analyses the international situation of two UN bodies: the WHO and the WTO, addressing the governance crisis on public health and international trade and trying to understand the causes of the decline in the leadership of their institutions. Adopting a thorough literature review, the findings show how faulty leadership within the UN has led to a significant increase in nationalism among emerging nations, distrust and lack of cooperation. The divergent political visions of members have radically shaken the international balance, triggering a cycle of change in the governance of global health and global trade on a new premise, that of ‘multilevel’ global governance.

Keywords: *international institutions, global governance, MFN principle, globalisation, COVID-19 vaccination, international trust*

Introduction

On January 12, 2020, the World Health Organization (WHO) confirmed that a new coronavirus was the cause of a new lung infection that had affected several residents of the city of Wuhan, in the Chinese province of Hubei, whose case had been brought to the attention of WHO on December 31, 2019 (WHO, 2020).

Thanks to its unique feature, namely its strong transmissibility between humans through the respiratory tract, the virus has been able to spread easily, and thanks to the ease of international trade due to increasingly rapid and incisive globalisation, contaminating populations scattered across continents and triggering a veritable global health crisis (Assefa et al., 2022). Given the robust growth of patients in hospitals and the spread of the virus to all countries worldwide, on January 30, 2020, the World Health Organisation (WHO) Committee, in compliance with the International Health Regulations of 2005 (IHR, 2005), agreed that the outbreak meets the criteria for a public health emergency of international concern (PHEIC) (Cucinotta & Vanelli, 2020).

Concerns towards health issues have seen a growing interest on the part of the political agendas of nations since the twentieth century (Fielding, 1999), to the point that, after the health crisis of Spanish Fever between 1918 and 1920 and the Plague in Indochina between 1855 and 1918, in addition to the two World Wars with their consequences for the standard of living of citizens, in 1946 the governments adhering to the United Nations Organization adopted the “Constitution of the World Health Organization” which gave the order the establishment of a health organisation, WHO, formally implemented on April 7, 1948 (UN, 1947).

Since its inception, WHO has played a central role in the prevention and control of infectious diseases, in biomedical research, in international cooperation for the management and resolution of health problems in sensitive regions of the world, as well as in raising awareness and promotion of behaviours aimed at improving people’s health, demonstrating the centrality of their role in the development of future societies (WHO, 2002).

On the other hand, as health has been affected by the COVID-19 pandemic, increasing the importance of this organism (WHO) towards public health, international trade has also been strongly influenced at the same level, putting the trading system promoted by the WTO (Barlow et al., 2021; Liu et al., 2021). The growing demand for Personal Protective Equipment (PPE), such as gloves, aprons, gowns, surgical masks, protective goggles, face shields and respiratory masks, has put pressure on international trade (Ye et al., 2021). As demonstrated by the Commonwealth Secretariat in February 2021, the pandemic has exposed the fragility of the trading system, in particular arguing that the economies of developed nations will find it more difficult to respond to the pandemic than developing ones, not least because the “adverse effects on trade will depend on the duration and severity of the disease” (Commonwealth Secretariat, 2021). The same Secretariat affirmed the need for economies ‘to have a coordinated response for recovery’, as also advocated by the WTO in a 2020 press release, which states: “Despite positive unilateral actions taken by Members, a global health crisis requires a coordinated global response”.

At the beginning of 2022, the growing unease in the markets worsened thanks to the conflict that began in Ukraine (Ait Ali et al., 2022). Western nations responded to Russia’s declaration of war through economic and trade sanctions that strongly impacted international economic and production stability, generating a rise in oil and gas prices

and unleashing an energy crisis across the European continent (CRS, 2022). In response to economic and productive needs, Western nations have initiated new relationships with third countries in importing the same goods through RTA agreements (Uttama, 2021). These trade agreements between two or more countries that liberalise the exchanges of goods and services between them through the creation of favouritisms undermine one of the pillars of international free trade, namely the Most Favoured Nation (MFN) (Schott, 2004).

In 2022, the WHO and the WTO have to face increasingly demanding challenges that undermine the global stability of international relations between nations in public health and trade.

For this reason, this research aims to analyse what difficulties are contained in the WHO regarding the governance of public health and the WTO regarding the governance of free trade, and to establish how the international literature offers ideas for their resolution.

Literature Review

Definition of Global Governance

The attention that literature places on the search for a definition of “Global Governance” demonstrates that there is still no clear definition of the term (Finkelstein, 1995, p. 367).

First, the literature presents a difference between Governance and Global Governance. In the first case, reference is made to the activities of a government with national interests as its objective (Vymětal, 2007). This form is, for Patrick (2014, p. 59), “simple. It is provided by effective governments: formal and hierarchical institutions with the authority to establish and enforce binding rules”. On the contrary, Global Governance must interface with independent actors on the international stage (states) who can, thanks to their condition, choose whether to submit to international institutions and the rules contained therein. Therefore, it is the nation itself in its foreign relations that establishes the superior hierarchy of power of an international institution in relation to a nation (Cadman, 2012), which leads to a dependence on the legitimacy of the power of the former on the latter (Tallberg & Verhaegen, 2020). According to these dynamics, the definition of Global Governance recognises two conditions: power (Moon, 2019) and legitimacy (Zürn, 2014).

Second, in recent years, states have delegated increasing powers to international bodies, giving them greater authority (Lake & McCubbins, 2009). It has resulted in a growing pervasiveness in their internal political decisions (Mansfield & Pevehouse, 2006) and making concrete the possibility for international institutions to equip themselves with bodies that are increasingly independent of external interference (Haftel & Thompson, 2006).

This growing autonomy is the result of a long process of globalisation that has affected the international political and economic landscape since the last century. The race towards development has led developed countries to become “service economies” (UNCTAD, 2017) and developing economies, such as China, to become the “factories of the world” (Duan

et al., 2021). The result of this global economic-industrial process has been the growth of the interdependence of national economies on the world scene (M.-R. Surugiu & C. Surugiu, 2015; European Parliament, 1993; Streeten, 2001). This process, which for Zürn (2013, p. 403) is called “state interdependence”, supports another key element in the process of the interdependence of states, namely “social interdependence”, which occurs when the “effects of certain actions by a government may depend on social developments taking place outside its jurisdiction”.

Therefore, regarding equalisation in power and legitimacy, we cannot speak of Global Governance without interdependence (Kahler, 2016).

While Weiss (2000) and Peterson and Müftüler-Baç (2014, p. 3) incorporate the characteristic of “Good Governance” into the definition of Global Governance, Rhodes (1997) expresses an opinion on the difficult link between independence and interdependence in relations between states and international institutions. For him, governance reflects a “self-organising, inter-organisational networks characterised by interdependence, exchange of resources, rules of the game and significant autonomy from the state [...] Fragmentation and centralisation coexist. There is a persistent tension between the desire for authoritative action and dependence on the obedience and actions of others”. This assumption is related to that of Rosenau (2004, p. 31), who hypothesises how multilevel fragmentation can serve as the “main mechanism” for directing fragmentation tensions in constructive directions. In this respect, Emmanuel Adler and Steven Bernstein (2005, p. 302) observe that the “decoupling of coercive force and legitimate government is the most striking feature of contemporary global governance”.

For Lawrence S. Finkelstein (1995, pp. 370–371), “governance should be considered to cover the overlapping categories of functions performed internationally, including: creation and exchange of information; formulation and dissemination of principles and promotion of consensual knowledge that affect the general international order, regional orders, particular issues on the international agenda and efforts to influence internal rules and the behaviour of states; good offices, conciliation, mediation and compulsory dispute resolution; formation, care and execution of the regime; adoption of rules, codes and regulations; allocation of material resources and the program; provision of technical assistance and development programs; relief, humanitarian, emergency and disaster activities; and the maintenance of peace and order”.

Although Koenig-Archibugi (2019) claims that Finkelstein’s definition is the “most complete of what global governance is about”, it demonstrates how the term is so broad in its arguments, to the point that for Rhodes (1997)”, it has too many meant to be useful”.

Therefore, the research demonstrates that today, there is no clear vision of what is meant by the term “Global Governance”. However, it is clear that some aspects help make sense of the term, and these turn out to be: power, legitimacy and interdependence.

For this reason, in this research, Global Governance will be understood as:

That set of attitudes adopted by international bodies that operate the management, control or even simply the direct or indirect influence of the political, economic, and social

choices that states can lead in their decisions of national significance. Conferred based on international agreements, this power to influence these choices is commensurate with the degree of legitimacy that individual states confer on international institutions based on the degree of interdependence that nations hold in that given period in relation to a given topic in their hands of national politics.

WHO

Health and Global Health Governance

Governance of international public health is entrusted to the World Health Organization (hereinafter: “WHO”), a body belonging to the United Nations with the role of managing and controlling everything that may affect states’ public health. It is governed by the World Health Assembly, the representative body of the states and which acts as the governing body of the WHO, which is headed by a Director General elected by the Assembly itself every five years (Yadav, 2017). To support the Director General of the WHO in his work is the Secretariat, a body made up of technical personalities who carry out the substantial and administrative work of the United Nations on health issues (WHO, 2017) with the task of monitoring and directing the policies of state public health.

Global Health Governance

Over the years, the increase in the circulation of products and individuals internationally has led to considerable growth in the “emergence and re-emergence” of diseases and health conditions that are averse to public health (Zhang, 2021). Therefore, the need to respond globally to new threats has prompted national governments to sign, in 2005, the International Health Regulations (hereinafter: “IHR”), a set of tools designed to help to “prevent, protect, control and provide an of public health to the international spread of the disease in ways that are commensurate and limited to the risks to public health and which avoid unnecessary interference with international traffic and trade” (IHR, 2005). Since 2007, the entry into force of the IHR has offered countries a common legal instrument to address issues and challenges to international public health, improving relations between actors and increasing interoperability in managing global diseases.

Challenges of Global Health

NATIONAL SOVEREIGNTY

However, the management of global public health, although it sees an increasingly active role of the WHO in guiding national policies on conscious choices that do not cause damage to populations outside their country, must deal with impotence linked to the legal incapacity of the organisation to intervene directly on national health management. States, also rightly,

are privileged actors on the international stage, as they hold the formal right to control and manage their national interests. For Oppenheim, “it is a corollary of the right of each state to sovereignty, territorial integrity and political independence” (Jennings, 1996, p. 428), also guaranteed by the United Nations Charter, through Articles 2 (1-4-5) and fifty-one.

Faced with this, the main effort of the IHR 2005 is to find a *modus operandi* between national and international public health interests, although this is difficult given the tendency of countries to prioritise their own interests in dealing with their counterparts (The Independent Panel, 2021). Although the WHO has gained more operational autonomy over the years, it does not have the power to decide how states should optimally organise medical supplies of products, equipment or drugs in the regions of the world that need them most (Gostin & Friedman, 2020).

This condition is also accentuated by the antithetical interests that other international organisations have on relations between states, as in the case of the WTO, which, through the free market, creates the conditions for the relocation of companies to more advantageous territories from a fiscal point of view, as well as benefiting the intellectual property of companies on medical products or equipment, making them expensive for poorer countries (Ortensen et al., 2014).

LOW COLLABORATION AND TRUST

Over the years, WHO has consistently pushed states to conduct greater international collaboration to adopt shared public health measures that prioritised the need to “promote the highest standard of health for all” (CESCR, 2000). It was particularly present during the COVID-19 pandemic when the WHO was invested in an international leadership role in containing the pandemic’s effects (Nathan et al., 2021). The WHO has undertaken many collaborative programmes in aid of states, including:

1. The establishment of the Access to COVID-19 Tools (ACT) – an international campaign launched in April 2020 to help ensure that tools against COVID-19 are developed, produced and distributed equally among all countries (Moon et al., 2022).
2. The establishment of the COVID-19 Solidarity Response Fund – an international PPP fund that provides for the participation of governments and stakeholders in the allocation of funds to support the WHO in monitoring and managing the pandemic (WHO, 2020).
3. The establishment of the WHO Foundation – a Swiss philanthropic foundation affiliated with but independent of the WHO, aimed at supporting aid programmes during the pandemic (Maani et al., 2021).
4. The establishment of COVAX – an international aid program for equitable access to vaccination for the poorest countries (Storeng et al., 2021).

Although progress towards greater collaboration has been made in recent years, the same body complains of a lack of collaboration in international fora (WHO, 2020). In particular,

states are reluctant and distrustful in giving their trust to WHO and other member states of the Assembly, preferring to conduct health policies independently through international agreements. To demonstrate this, even today, the member states do not grant the WHO the possibility of directly carrying out analysis on the public health data of the states or of being able to conduct investigations on infectious diseases in the territory of the member country without having to constantly ask for the latter's consent (Zhang, 2021). During the pandemic, WHO's efforts to improve equity in the worldwide distribution of medical supplies and vaccines, such as COVAX, did not lead to the expected effects. In the specific case of COVAX, as reported by Usher (2021), the equitable distribution of vaccines did not have the desired effects. In addition to being slow, the programme could not achieve the goal of vaccinating at least 20% of the population of the participating countries (de Bengy Puyvallée & Storeng, 2022). It is because, as indicated by Pichon (2022), the WHO program has not prevented richer countries from purchasing vaccine doses privately from companies through private contracts, leading to a large gap in the quantity and quality of doses of vaccine distributed between rich and poor countries. For Usher (2021), the vision of strengthening global and social health 'has not come true'.

The lack of trust of WHO member countries is, according to Bump et al. (2021), attributable to the adoption of the "International Code of Marketing of Breast-milk Substitutes" in 1981. This world public health policy was introduced to discourage using industrial milk as a substitute for breast milk and encourage breastfeeding to otherwise. The battle of the WHO, which targeted the big food companies that conducted advertising campaigns in favour of breast milk substitutes, such as Nestlé, did not have the desired effects. The WHO denounces a constant violation of the Code by food multinationals, particularly in countries that have decided not to adopt it (Aguayo et al., 2003).

Many countries have interpreted the behaviour of the WHO as meddling in the health policies of members and capable of compromising and threatening private productive sectors. For this reason, since the 1980s, developed countries have distanced themselves from the WHO through the constant decrease in financial aid. The goal of rich countries, defined as "zero growth", was to divert the attitude of the WHO to align it with national ones (WHO, 1981). These attacks on WHO global governance have undermined the organisation's position, downgraded the role of the WHO and focussed its work solely on "specific diseases rather than the major social, political and commercial determinants of health" (Bump et al., 2021).

NATIONALISATION OF VACCINE

As reported by the literature, during the COVID-19 pandemic, it was possible to find the reaffirmation among the states of the practice that takes the name of "vaccine nationalism". Defined by Rutschman (2021b, p. 9) as the "act of reserving millions of doses of new vaccines for domestic use during a transnational public health crisis", vaccine nationalism has affected nations for its economic, political, social consequences and historical ones towards modern societies, influencing the supply chains of companies (Sombultawee et al., 2022;

Alsuwaillem et al., 2022); working conditions (Tušl et al., 2021); as well as long-term national policies (Kniffin, 2020). Consequently, the need for economic recovery has become a priority, to the point that governments have launched extraordinary plans through the provision of loans to citizens and businesses of historical significance: the United States has injected more than 5 trillion into its economy dollars (Romen, 2021); the EU 800 billion euros (ECB, 2022); while China RMB 3.6 trillion (Tanjungco et al., 2020).

However, to bring economies back to 2019 levels, nations have conducted advanced development and purchase programs for vaccines capable of eradicating the virus. The major powers have already entered into “Advanced market commitments” with companies since 2020, i.e., agreements for the advance purchase of vaccine supplies for their citizens (Towse et al., 2021). The result was that a small number of countries, equal to 14% of the world population managed to reserve almost five billion vaccine doses for themselves in 2021 alone. Analysing the administrations carried out by October 2021, Rydland et al. (2022) report that the “highest-income countries, classified by the World Bank, had a per capita vaccination rate of 125.3 vaccinations per 100 people, which is almost 3 times higher than the rate for middle-income countries. Low of 45.3 per 100 and 30 times higher than low-income countries with 4.2 per 100”.

Countries have signed vaccine supply agreements without considering global needs and many times booking excessive doses compared to what is needed: the United States has bought about one billion doses, being able to vaccinate its population almost three times, the European Union has managed to guarantee at least two doses per citizen, Great Britain four, while Canada six (Weintraub et al., 2020). In particular, inequality is very accentuated in low-income countries, where vaccination is almost non-existent: the WHO director announced in September 2021 that “more than 5.7 billion doses have been administered globally, but only 2% of those have been administered in Africa”. Jerving (2021) indicates that only 2.5% of Africans were vaccinated at the end of 2021.

THE COVAX CASE

The WHO has attempted programmes to aid vaccination in poor countries, as in the case of COVAX, aimed at financing the purchase of doses to be sent to low-income countries. However, the programme did not prove efficient. Although almost all world countries (including China) joined the initiative, the program failed to achieve the set goals of vaccinating at least 20% of Africans by the end of 2021. The system, deemed by the WHO as the only one capable of leading to global vaccination equity, has been frequently criticised for its failure to push wealthier nations to actively participate in the program (Storeng, 2021; Stein, 2021). Furthermore, the richer states have shown an attitude contrary to the principles of equity, sharing, and “constant breaking” the principles underlying COVAX, “by administering doses late, in quantities lower than those promised and in ad hoc ways which made implementation in beneficiary countries difficult” (Puyvallée & Storeng, 2022).

The situation becomes even more dramatic when we consider that, as reported by the WHO monthly bulletin of February 2022, 51.1% of the doses sent to poor countries had expired or are about to expire, forcing local authorities to have to destroy them because they do not become usable (WHO, 2022).

Storeng et al. (2021) report that the programme's structure is a large and complex "Russian Matryoshka", which takes the name of "super-PPP". The process, which should guarantee doses by preventing government authorities from influencing administrations, acts as a vector that "obscures the great differences between the constituent partners, giving pharmaceutical companies substantial power and making public representation, transparency and responsibility".

While the WHO has managed to provide new doses of vaccines otherwise difficult to find to the poorest countries, it has demonstrated its inadequacy and inefficiency in responding correctly to the superficial behaviour of the richer states by planning a true global fair vaccination plan.

WTO

Trade, WTO, and Global Trade Governance

Governance of international trade is entrusted to the World Trade Organization – an institution belonging to the United Nations and assigned the role of supervising the many international agreements between states of a commercial nature. It has led over the years to a complexity in the internal structure of the WTO in such a way as to efficiently respond to the international needs of globalisation of commercial markets (Figure 2).

WTO Structure

The supreme body is the Ministerial Conference, which comprises representatives of all members and meets every two years. Each WTO member country has one vote. It decides, inter alia, on changes to WTO law and all matters falling within the scope of a multilateral trade agreement, the appointment of the Director-General of the WTO and the establishment of certain councils.

The General Council carries out the tasks of the Ministerial Conference between meetings. Like the Ministerial Conference, it is composed of representatives of all WTO members, generally at the level of the Permanent Representations of the Member States to the WTO, also acting as a dispute settlement body.

Other councils and committees assist the General Council. These are the Council on Trade in Goods, the Council for Trade-Related Aspects of Intellectual Property, the Committee on Trade and Development, the Committee on Balance of Payments and the Committee on Budget, Finance, and Finance Administration (WHO, 2011).

Day-to-day administrative activities, such as the preparation and implementation of negotiations and the analysis of world trade, are carried out by the General Secretariat. However, unlike the described bodies, the Secretariat has no political powers. The OMC is – as it defines itself – a “member-led organisation” (Cimino-Isaacs & Fefer, 2021).

The Origins of the Governance of the WTO

Originally, international trade agreements were based on the GATT, an acronym for “General Agreement on Tariffs and Trade”, signed in October 1947 to regulate the new post-world war international trade (Shukla, 2000). Therefore, the GATT was an agreement, not an international body, which acted as a legal regulator for the signatory states (then 23) belonging to the US sphere of influence. The goal was to create an agreement that would liberalise international markets and give way to the standardisation of customs tariffs. By standardisation, we do not mean the equalisation of tariffs between all states, but rather the fair regulation of international trade on a legal level, i.e., all the signatory states, *de iure*, regulated the import/export through a common legal denominator, the GATT (Lorenz, 1985).

During the first Geneva Conference (called the “First round”), the contracting parties reflected on the issue of lowering commercial tariffs (Verger, 2009). To do this, the nations adopted the “request/offer” approach to indicate which products individually they wanted to regulate with their counterparties and which were of interest to them; in essence, each country distributed to the counterparties the “lists of requests and offers on the products of their interest in order to reach an agreement on tariff concessions” (UNESCO, 1956). At the approval of the Round, 100 bilateral agreements were concluded between the states, mostly to reduce customs tariffs or start new international trade relations (Moore, 1996).

The factor that led the participating counterparts to find a common *modus operandi* was the mutual recognition of the principle of “Most Favoured Nation” (hereinafter: “MFN”). As stated by Article I: 1 of the 1994 GATT, MFN is a mandatory general principle of recognition of the same tariff treatment to be agreed upon by all WTO parties, the “most favoured nation treatment obligation, widely known as MFN treatment obligation, it requires WTO members not to discriminate between products originating in or destined for different countries”. For this reason, “any advantage, favour, privilege or immunity granted by any contracting party to any product originating in or destined for any other country shall be accorded immediately and unconditionally to the like product originating in or destined for the territories of all other contracting parties” (GATT, 1994).

The advantage refers to “customs duties and charges of any kind imposed or related to import or export or imposed on the international transfer of payments for imports or exports” and the “method of collection of such duties and charges”.

However, the principle has some formal constraints expressed by the Appellate Body (AB) during the “EC – Seal Products” Dispute of 2009, where it is stated that:

1. The products covered by the principle must be “similar” among the counterparties.
2. Marketing confers on the product the “advantage, favour, privilege, or immunity”.
3. The “privileges” established by the parties involved must also apply “immediately and unconditionally” to the other members of the WTO.

Reciprocity

As established by GATS in the “EC – Bananas III” dispute of 1997, the principle thus aims to standardise global relations for the marketing of similar products to ensure equal and “reciprocal” treatment of all nations both legally (*de iure*) and practically (*de facto*) point of view.

As indicated by the International Law Commission in Article 5, Paragraph 4 (1978, p. 22) and by the case of the Anglo-Iranian Oil Co. (*United Kingdom v. Iran*) of 1952, the reciprocity to which the principle is linked is the “contingent” and not a voluntary one. The parties are also obliged to contract the same conditions favourable to the nation with which the agreement for fair treatment is concluded, which concerns a product or a service, as recalled by the Panel concerning the case of the “Belgian Family Allowances” of 1952, which in Article 1 paragraph 3 states:

“According to the provisions of paragraph 1 of Article I of the General Agreement, any advantage, favour, privilege or immunity granted by Belgium to any product originating in the territory of any country with respect to all matters referred to in paragraph 2 of Article III shall be granted immediately and unconditionally to the like product originating in the territories of all contracting parties. Belgium has granted exemption from the levy under consideration to products purchased by public bodies when they originate in Luxemburg and the Netherlands, as well as in France, Italy, Sweden and the United Kingdom. If the General Agreement were definitively in force in accordance with Article XXVI, it is clear that that exemption would have to be granted unconditionally to all other contracting parties (including Denmark and Norway). The consistency or otherwise of the system of family allowances in force in the territory of a given contracting party with the requirements of the Belgian law would be irrelevant in this respect, and the Belgian legislation would have to be amended insofar as it introduced discrimination between countries having a given system of family allowances and those which had a different system or no system at all, and made the granting of the exemption dependent on certain conditions”.

The Crisis of the Most Favoured Nation Principle

Although the MFN principle had already demonstrated structural problems in previous times, especially in its “unconditional” application between states, the question became fundamental and central during the last Doha Round in 2001 in Qatar, which opened to address the liberalisation of some customs barriers between states and to make the international market more global. Although initially, the meeting promised to be fraternal and cordial, the representatives in the negotiations soon had to face the reality of the new world.

Firstly, over the years, the number of countries adhering to the WTO grew from 23 in 1947 to 159 in 2001. The result was an increase in heterogeneous and divergent interests that had to find a common denominator, a “Christian Democratic agreement”, which made all the requests present happy and difficult to satisfy (González & Jung, 2020; Reinert, 2021).

Second, as established by the 1994 Marrakesh Agreement, in Article 9, Paragraph 1 (and underlined in footnote 1), the agreements within the WTO must be made by formal “consent” of all states, in how much each agreement must then be valid for all countries indiscriminately.

These conditions forced the then Director General of the WTO, Pascal Lamy, during the eighth session in Geneva on December 15–17, 2011, to call for a “political response” to resolve disputes between member states.

These issues, combined with economic divergences between members, which consequently led to divergent interests between rich and poor nations, led the WTO meetings into chaos. Gradually, the Rounds after Geneva of 1947 required more and more time to find an agreement that satisfied the parties, going from 7 months in 1947 to 87 months for the Uruguay Round of 1986 (GATT, 1994). Even today, after twenty-one years, the Doha Round has not closed, emphasising the current differences. For Joost Pauwelyn (2012), we speak of a real “Crisis in the WTO”.

The Growth of the “Exclusivities” of Regional and No Longer Global Trade Agreements: PTA – FTA – RTA

Although the MFN principle is a cornerstone of international trade agreements, since the birth of the GATT and then from 1995 with the establishment of the WTO, the United Nations has always granted the possibility of exceptions to the rule or “justifiable reasons”. These exceptions are reported in Article XX of the GATT of 1994 and concern:

1. subparagraph (a), “the protection of public morals”;
2. subparagraph (b), “the protection of human, animal or plant life or health”;
3. letter (d), “border regulation”;
4. letter (g), “conservation of exhaustible natural resources”.

Again, Article XIV also reports the exception in relation to trade in services, not counting the Special and Differential Treatment (“SDT” or “S&D”) established by the WTO as

the law of developing countries (“LDC”) To create agreements for territorial and national development (GATT, 1994).

These exceptions were initially established by the WTO as exceptional cases for developing certain countries in difficulty or for non-ordinary situations. Over time, however, and thanks to the increase in LDCs within the WTO, there has been a drastic abuse of agreements that exempted the application of the MFN, agreements that take the name of Regional Commercial Agreements (“RTA”), Preferential Regional Agreements (“PTA”) and Free Trade Agreements (“FTA”).

- *RTA*

Regional Trade Agreements are regional development trade agreements. Contrary to what can be assumed, these agreements may foresee the presence of countries from other continents, therefore not “necessarily belonging to the same geographical region” (Myszkowska, 2019, p. 30). In these agreements, which provide as the only limit the possibility for the contracting parties to conduct further agreements with other countries, the main purpose should be to implement international “free trade” agreements, allowing the creation of “customs unions” and “free trade areas” (Article XXIV of GATT, 1994).

- *PTA*

Unlike RTAs, PTAs (“Preferential Trade Area”) are agreements that provide that the contracting parties, even more than two (multilateral agreements), must catalogue the common products that will have preferential treatment in relation to tariffs in a list defined as “positive” (Roi, 2012; Molinuevo & Pfister, 2020). Examples of such agreements are:

Multilateral:

1. Melanesian Spearhead Group (MSG) (1994).
2. Protocol on Trade Negotiations (PTN) (1973).
3. South Pacific Regional Trade and Economic Cooperation Agreement (SPARTECA) (1981).

Bilateral:

1. ASEAN – PR China (2005).
2. European Union – ACP countries.
3. Bangladesh – Bhutan (2020).

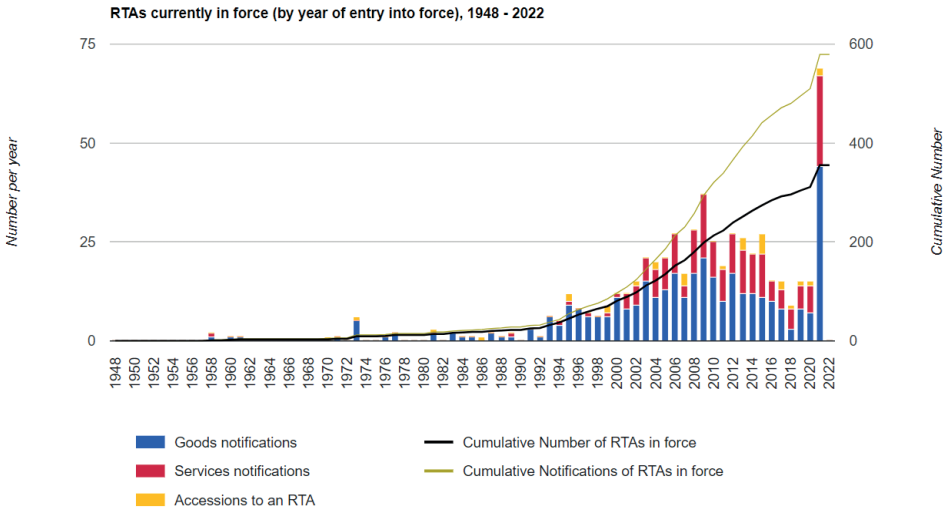
Although designed to improve the free movement of goods, such agreements have been shown to involve situations of inconsistency: Some PTAs offer the right to claim for working conditions (Morocco-USA and NAFTA), while others do not “guarantee” it (Singapore – USA); some, such as CAFTA, have local courts, while others do not (Jordan – USA). The result is a *de-facto* discrimination of local citizens’ social and working conditions, mainly found in LDCs (Lechner, 2018, p. 173).

- *FTA*

Finally, the “Free Trade Agreements” are the opposite of the PTAs as they present a “negative list” of goods that should not be considered in the new common trade and allow the contracting parties the freedom to establish different tariffs towards third states (Kelegama, 2014; Weiß & Furculita, 2020, p. 69). An example of FTA is the Caribbean Community (CARICOM) from 1973.

Although they must be limited in their use, MFN-exempt agreements have seen increasing use by states over the years.

Chart 1. RTA currently in force 1948–2022 (WTO, 2022)



As reported by the WTO database, the growth is evident: from an average of 1.55 agreements per year in 1950–1970, it has gone to more than 232 agreements per year in 2000–2020. In just forty years, the trend has seen a growth of +14,929.03% in agreements exempt from MFN (Lavdari, 2021). It is important to consider how during the 2020 pandemic, the use of MFN-exempt agreements was 310, 1,409.09% more than all agreements signed up to 1970.

It is interesting to note that Europe and East Asia are the regions with the highest concentration of RTA in the world. In the European case, this is linked to the continuous agreements that the EU conducts with its Eastern European partners for the enlargement of the European integration system, as in the case of Albania, North Macedonia, and Montenegro.

Chart 2. RTAs in force and inactive, 1948–2022 (WTO, 2022)

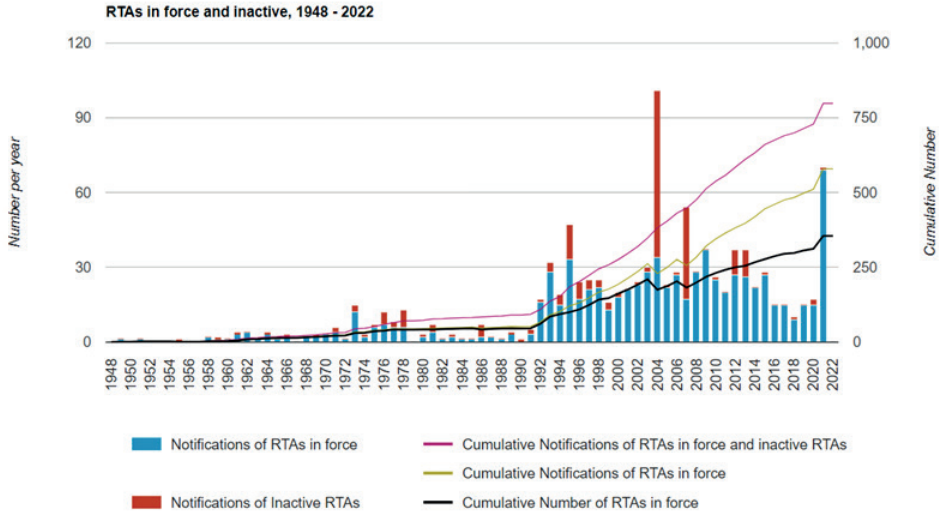
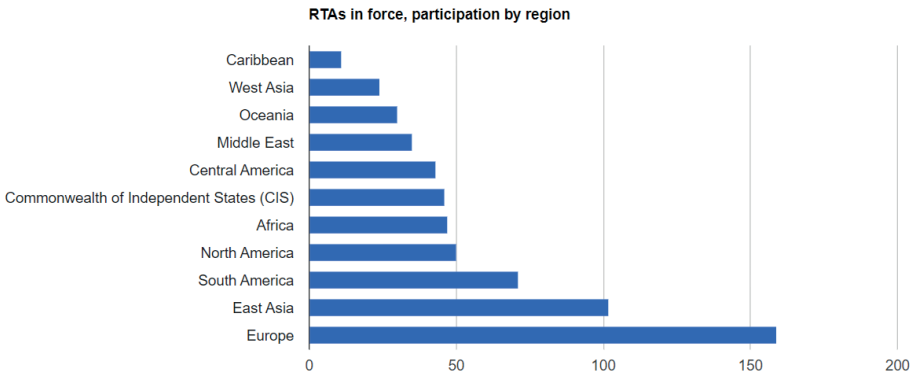


Chart 3. RTA participation by region (WTO, 2022)



Findings

As reported by the research, the WHO and the WTO present difficulties in managing global governance.

For the WHO, governance problems are linked, on the one hand, to the growth of nationalism, as demonstrated in the case of the nationalisation of vaccines during the COVID-19 pandemic, which made a product essential for human survival (the vaccine) and the consequent economic recovery a “political” factor to be used in international relations. On the other hand, the lack of trust that states have in each other, in particular in collaboration on public health, a delicate matter because it has always been defined as being of “national interest”, has thickened the mistrust in collaboration and led nations to see COVID-19 as an event that can be used to revolutionise international power structures. Not surprisingly, China and Russia have sold their vaccines in countries where they have subsequently achieved new trade agreements, while US and British vaccines have mainly been used in the West’s favour. The inability of the WHO to be able to agree among nations on the vision of public health as an “international interest”, as a health emergency event in one country can lead to complications in another, has generated the growth of individualism between states, as well as their pressure to transform the WHO into a body dedicated to solving specific public health problems, rather than “major social, political, and commercial determinants of health” (Bump et al., 2021).

In the case of the WTO, the difficulties are related to the body’s inability to impose on states the application of common rules on international trade. Thanks to the increase in WTO member nations with political and ideological visions diverging from the West, applying liberal-democratic principles, such as the MFN, is difficult. It accompanies a sense of nationalism from Eastern countries and LVD towards an international stance on trade no longer underlying the West. For Schott (WHO, 2011), the “WTO will likely suffer from a slow and cumbersome policy and management: an organisation with more than 120 member countries cannot be managed by a <<committee at all>>. Mass management simply doesn’t lend itself to operational efficiency or serious political discussion”.

A New Era of Global Cooperation

The consequence of these political phenomena within delicate international organisations dedicated to solving problems of a technical nature, both in the case of health and trade, has generated in recent years the growth of a new phenomenon in international relations, the “multilevel”.

This phenomenon no longer presupposes an international centrality of the political choices of states by a single world force that drives the development of the continents, as the United States has been up to now with the dollar, but that there is the possibility that new nations become new centres of power. In particular, we are witnessing advanced LDC

countries, such as China, Russia, Brazil, and India, ferrying the poorest nations towards new centres of international power, particularly in trade. The consequence of this new polycentric world has triggered mutations within the WHO and the WTO, which are increasingly present, as underlined in the Doha Round by nations' inability to find a way out after twenty-one years.

Conclusion

The WHO and the WTO are important bodies in today's ever-changing world. They represent the will of nations to know how to manage national complications in international fora and to find a common answer to the increasingly interconnected problems of the new world. However, such bodies are at the mercy of internal political forces pushing for radical change, with new "great powers" booming on the stage in global governance. It results in the growth of distrust, indifference, conflict, lack of trust and little collaboration, which lead to conflicting visions of the future.

The Challenges of the Modern World: Health and Commerce

The new fuzzy world crises from the COVID-19 pandemic and the war in Ukraine have exposed the weaknesses of the Global Governance system in relation to health and trade. It has led to mutations that impose new challenges to the Governance of the WHO and the WTO that will have to be addressed considering the new geopolitical and economic developments underway. The West has lost ground, while new economic realities are taking ever more authoritarian positions, undermining the stability and authority, already lacking, of international institutions. If they do not have to, it is necessary to address these problems by considering national needs but by demonstrating how they can find a common agreement with those of third countries and a way out by creating a new "world order".

Declaration of Conflict of Interests

The author whose name is listed immediately above declares that they have NO affiliations or involvement in any organisation or entity with any financial interest (such as fees, scholarships, participation in speakers' offices, membership, employment, consulting, ownership of shares or other holdings and expert testimony or patent licensing agreements) or non-financial interests (such as personal or professional relationships, affiliations, knowledge, or beliefs) in the subject or materials discussed in this manuscript.

References:

- Adler, E., & Bernstein, S. (2004). Knowledge in power: The epistemic construction of Global Governance. *Power in Global Governance*, 294–318. <https://doi.org/10.1017/cbo9780511491207.013>
- Aguayo, V. M. (2003). Monitoring compliance with the International Code of Marketing of Breastmilk substitutes in West Africa: Multisite Cross Sectional Survey in Togo and Burkina Faso. *BMJ*, 326(7381), 127–127. <https://doi.org/10.1136/bmj.326.7381.127>
- Alsuwailam, A. A., Salem, E., Saudagar, A. K., Al Tameem, A., Al Khathami, M., Khan, M. B., & Hasanat, M. H. (2021). Impacts of covid-19 on the Food Supply Chain: A case study on Saudi Arabia. *Sustainability*, 14(1), 254. <https://doi.org/10.3390/su14010254>
- ANGLO-IRANIAN OIL Co. CASE (UNITED KINGDOM v. IRAN). (n.d.). <https://www.icj-cij.org/public/files/case-related/16/016-19520722-JUD-01-00-EN.pdf>
- Bańkowski, K., Bouabdallah, O., Semeano, J. D., Dorrucchi, E., Freier, M., Jacquinet, P., Modery, W., Rodriguez Vives, M., Valenta, V., & Zorell, N. (2022). The economic impact of Next Generation EU: A euro area perspective. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.4095550>
- BELGIAN FAMILY ALLOWANCES (ALLOCATIONS FAMILIALES). (n.d.). <http://www.sice.oas.org/dispute/gatt/52famalw.asp>
- Bump, J. B., Friberg, P., & Harper, D. R. (2021). International collaboration and covid-19: What are we doing and where are we going? *BMJ*. <https://doi.org/10.1136/bmj.n180>
- Cadman, T. (2012). Evaluating the Quality and Legitimacy of Global Governance: A Theoretical and Analytical Approach. *The International Journal of Social Quality*, 2(1), 4–23. <http://www.jstor.org/stable/23972428>
- Carlsnaes, W., Risse, T., & Simmons, B. A. (2012). *Handbook of International Relations* (2nd edition). SAGE Publication.
- CESCR. (2000). CESCR *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)*. <https://www.refworld.org/pdfid/4538838d0.pdf>
- Congressional Research Service. (2021). World Trade Organization: Overview and Future Direction. Congressional Research Service.
- de Bengy Puyvallée, A., & Storeng, K. T. (2022). COVAX, vaccine donations and the Politics of Global Vaccine Inequity. *Globalisation and Health*, 18(1). <https://doi.org/10.1186/s12992-022-00801-z>
- Duan, Y., Dietzenbacher, E., Los, B., & Yang, C. (2021). How much did China's emergence as "the world's factory" contribute to its national income? *China Economic Review*, 69, 101658. <https://doi.org/10.1016/j.chieco.2021.101658>
- European Communities. (n.d.). *Measures Prohibiting the Importation and Marketing of Seal Products*. https://www.wto.org/english/tratop_e/dispu_e/cases_e/ds400_e.htm
- European Communities. (n.d.). *Regime for the Importation, Sale and Distribution of Bananas*. https://www.wto.org/english/tratop_e/dispu_e/cases_e/ds27_e.htm
- Final Act Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations. (1994, April 15). 1867 U.N.T.S. 14, 33 I.L.M. 1143.
- Finkelstein, L. S. (1995). What is global governance? *Global Governance: A Review of Multilateralism and International Organizations*, 1(3), 367–372. <https://doi.org/10.1163/19426720-001-03-90000007>
- González, A., & Euijin, J. (2020). *Developing Countries Can Help Restore the WTO's Dispute Settlement System*. <https://www.piie.com/sites/default/files/documents/pb20-1.pdf>
- Gostin, L. O., & Friedman, E. A. (2020). *Imagining Global Health with Justice: Transformative Ideas for*

- Health and Wellbeing While Leaving No One Behind*. Georgetown Law Faculty Publications and Other Works. <https://scholarship.law.georgetown.edu/facpub/2294>
- Haftel, Y. Z., & Thompson, A. (2006). The Independence of International Organizations: Concept and Applications. *The Journal of Conflict Resolution*, 50(2), 253–275. <http://www.jstor.org/stable/27638486>
- Jennings, R. Y., Watts, A., & Oppenheim, L. (1996). *Oppenheim's international law*. Pearson Education.
- Jerving, S. (2021). The long road ahead for COVID-19 vaccination in Africa. *The Lancet*, 398. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(21\)01967-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)01967-X.pdf)
- Kelegama, S. (2014). The India-Sri Lanka Free Trade Agreement and the proposed Comprehensive Economic Partnership Agreement: A closer look. *SSRN Electronic Journal*. <https://doi.org/10.2139/ssrn.2391616>
- Kniffin, K. M., Narayanan, J., Anseel, F., Antonakis, J., Ashford, S., Bakker, A. B., Bamberger, P., Bapuji, H., Bhave, D. P., Choi, V. K., Creary, S. J., Demerouti, E., Flynn, F., Gelfand, M., Greer, L., Johns, G., Kesebir, S., Klein, P. G., Lee, S. Y., ... van Vugt, M. (2020). *Covid-19 and the workplace: Implications, issues, and insights for future research and action*. Harvard Business School. <https://doi.org/10.31234/osf.io/gkwme>
- Koenig-Archibugi, M. (2019). Global governance. In J. Michie (Ed.), *The Handbook of Globalisation*. Edward Elgar.
- Lake, D., & McCubbins, M. (2006). The logic of delegation to international organisations. In D. Hawkins, D. Lake, D. Nielson, & M. Tierney (Eds.), *Delegation and Agency in International Organizations (Political Economy of Institutions and Decisions)* (pp. 341–368). Cambridge University Press. <http://doi:10.1017/CBO9780511491368.013>
- Lavdari, F. (2021). Principle of most favoured nation: Description, modern evolution, and analysis of the exceptionality of the principle in a Contemporary World. *Extensive Reviews*, 1(1), 16–29. <https://doi.org/10.21467/exr.1.1.4296>
- Lechner, L. (2018). Good for some, bad for OTHERS: US investors AND Non-trade issues in preferential trade agreements. *The Review of International Organizations*, 13(2), 163–187. <https://doi.org/10.1007/s11558018-9299-2>
- Lorenz, D. (1985). A GATT for the mercantilists? *Intereconomics*, 20(6), 255–260. <https://doi.org/10.1007/BF02925465>
- Maani, N., Van Schalkwyk, M. C. I., Petticrew, M., Ralston, R., & Collin, J. (2021). The New Who Foundation — Global Health deserves better. *BMJ Global Health*, 6(2). <https://doi.org/10.1136/bmjgh-2021-004950>
- Mansfield, E. D., & Pevehouse, J. C. (2006). Democratization and International Organizations. *International Organization*, 60(1), 137–167. <http://www.jstor.org/stable/3877870>
- Miles, K. (2016). Complex governance and the new interdependence approach (NIA). *Review of International Political Economy*, 23(5) 825–839. <http://DOI:10.1080/09692290.2016.1251481>
- Molinuevo, M., & Pfister, A.-K. (2020). *Look back to see what's ahead. A review of mega-PTAs on services and investment that will shape future trade agreements*. World Bank. <https://openknowledge.worldbank.org/bitstream/handle/10986/33553/Look-Back-to-See-What-s-Ahead-A-Review-of-Mega-PTAs-on-Services-and-Investment-that-will-Shape-Future-Trade-Agreements.pdf?sequence=1>
- Moon, S. (2019). Power in global governance: An expanded typology from Global Health. *Globalisation and Health*, 15(S1). <https://doi.org/10.1186/s12992-019-0515-5>
- Moon, S., Armstrong, J., Hutler, B., Upshur, R., Katz, R., Atuire, C., Bhan, A., Emanuel, E., Faden, R., Ghimire, P., Greco, D., Ho, C. W. L., Kochhar, S., Schaefer, G. O., Shamsi-Gooshki, E., Singh, J. A., Smith, M. J., & Wolff, J. (2022). Governing the access to COVID-19 tools accelerator: Towards greater participation,

- transparency, and Accountability. *The Lancet*, 399(10323), 487–494. [https://doi.org/10.1016/s0140-6736\(21\)02344-8](https://doi.org/10.1016/s0140-6736(21)02344-8)
- Moore, P. M. (1996). The Decisions Bridging the GATT 1947 and the WTO Agreement. *The American Journal of International Law*, 90(2), 317–328. <https://doi.org/10.2307/2203695>
- Nathan, N. L., Muscat, N. A., Middleton, J., Ricciardi, W. et al. (2021) . Public health leadership and the COVID-19 pandemic in Europe. *Eurohealth*, 27(1) , 4–9.
- Ottersen, O. P., Dasgupta, J., Blouin, C., Buss, P., Chongsuvivatwong, V., Frenk, J., Fukuda-Parr, S., Gawanas, B. P., Giacaman, R., Gyapong, J., Leaning, J., Marmot, M., McNeill, D., Mongella, G. I., Moyo, N., Møgedal, S., Ntsaluba, A., Ooms, G., Bjertness, E., ... Scheel, I. B. (2014). The political origins of Health Inequity: Prospects for change. *The Lancet*, 383(9917), 630–667. [https://doi.org/10.1016/s0140-6736\(13\)62407-1](https://doi.org/10.1016/s0140-6736(13)62407-1)
- Patrick, S. (2014). The Unruled World. *Foreign Affairs*, 93(1), 58–73.
- Pauwelyn, J. (2012). The WTO in crisis: five fundamentals reconsidered. Geneva, Graduate Institute of International and Development Studies, Centre for Trade and Economic Integration. *CTEI Working Paper; 2012-10*.
- Peterson, J., & Müftüler-Baç, M. (2014). Global Governance: Promise, Patterns, Prospects. *Transworld*.
- Pichon, E. (2022). Understanding COVAX The EU's role in vaccinating the world against Covid-19. *European Parliamentary Research Service, PE 729.319*. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/729319/EPRS_BRI\(2022\)729319_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/729319/EPRS_BRI(2022)729319_EN.pdf)
- Reinert, K. A. (2021). *An introduction to international economics new perspectives on the world economy*. Cambridge University Press.
- Rhodes, R. A. W. (1997). *Understanding Governance. Policy Networks, Governance, Reflexivity and Accountability*. Open University Press.
- Romer, C. D. (2021). The fiscal policy response to the pandemic. *Brookings Papers on Economic Activity*, 2021(1), 89–110. <https://doi.org/10.1353/eca.2021.0009>
- Rosenau, J. (2004). Strong demand, huge supply: Governance in an emerging epoch. *Multi-Level Governance*, 31–48. <https://doi.org/10.1093/0199259259.003.0003>
- Roy, M. (2012). Services commitments in preferential trade agreements: Surveying the empirical landscape. *The Preferential Liberalisation of Trade in Services*, 15–36. <https://doi.org/10.4337/9781782548966.00008>
- Rutschman, A. S. (2021). The COVID-19 Vaccine Race: Intellectual Property, Collaboration(s), Nationalism and Misinformation. *Wash. U. J. L. & Pol'y*, 167. https://openscholarship.wustl.edu/law_journal_law_policy/vol64/iss1/12
- Rydland, H. T., Friedman, J., Stringhini, S., Link, B. G., & Eikemo, T. A. (2022). The radically unequal distribution of covid-19 vaccinations: A predictable yet avoidable symptom of the fundamental causes of inequality. *Humanities and Social Sciences Communications*, 9(1). <https://doi.org/10.1057/s41599-022-01073-z>
- Shukla, S. P. (2000). *From the GATT to the WTO and Beyond, UNU/WIDER*. University of Helsinki.
- Sombultawee, K., Lenuwat, P., Aleenajitpong, N., & Boon-itt, S. (2022). Covid-19 and Supply Chain Management: A review with Bibliometric. *Sustainability*, 14(6), 3538. <https://doi.org/10.3390/su14063538>
- Stein, F. (2021). Risky business: COVAX and the financialisation of global vaccine equity. *Globalisation and Health*, 17(1). <https://doi.org/10.1186/s12992-021-00763-8>
- Storeng, K. T., de Bengy Puyvallée, A., & Stein, F. (2021). COVAX and the rise of the 'super public private partnership' for global health. *Global Public Health*. <http://DOI:10.1080/17441692.2021.1987502>
- Storeng, K. T., Stein, F., & de Bengy Puyvallée, A. (2021). COVAX and the many meanings of sharing. *BMJ Global Health*, 6(11). <https://doi.org/10.1136/bmjgh-2021-007763>

- Streeten, P. (2001). *Globalisation: Threat or opportunity?* Copenhagen Business School Press.
- Surugiu, M.-R., & Surugiu, C. (2015). International Trade, globalisation and economic interdependence between European countries: Implications for businesses and Marketing Framework. *Procedia Economics and Finance*, 32, 131–138. [https://doi.org/10.1016/s2212-5671\(15\)01374-x](https://doi.org/10.1016/s2212-5671(15)01374-x)
- Tallberg, J., & Verhaegen, S. (2020). The legitimacy of international institutions among rising and established powers. *Global Policy*, 11(S3), 115–126. <https://doi.org/10.1111/1758-5899.12842>
- Tanjungco, B., Cao, Y., Nadin, R., Calabrese, L., & Borodyna, O. (2020). *Pulse 1: Covid-19 and economic crisis – China's recovery and international response*. Commonwealth and Development Office (FCDO). https://cdn.odi.org/media/documents/odi_economic_pulse_1_v6.pdf
- The European Parliament. (1993). *Economic interdependence - New policy challenges*. Proceedings of the public hearing held by the Committee on External Economic Relations. External Economic Relations Series.
- The Independent Panel for Pandemic Preparedness and Response. (2021). *The World Health Organization: An Institutional Review*.
- Towse, A., Chalkidou, K., Firth, I., Kettler, H., & Silverman, R. (2021). How should the world pay for a coronavirus disease (COVID-19) vaccine? *Value in Health*, 24(5), 625–631. <https://doi.org/10.1016/j.jval.2020.12.008>
- Tušl, M., Brauchli, R., Kerksieck, P., & Bauer, G. F. (2021). Impact of the COVID-19 crisis on work and private life, mental well-being and self-rated health in German and Swiss employees: A cross-sectional online survey. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-10788-8>
- U.S. Govt. Print. Off. (1956, May 23). *General agreement on tariffs and trade, Sixth protocol of supplementary concessions*.
- UNCTAD. (2017). *The role of the services economy and trade in structural transformation and inclusive development, TD/B/C.I/MEM.4/14*.
- Understanding of Rules and Procedures Governing the Settlement of Disputes art. 1, Apr. 15, 1994, Marrakesh Agreement Establishing the World Trade Organization, Annex 2, 1869 U.N.T.S.
- Usher, A. D. (2021). A beautiful idea: How COVAX has fallen short. *The Lancet*, 397(10292), 2322–2325. [https://doi.org/10.1016/s0140-6736\(21\)01367-2](https://doi.org/10.1016/s0140-6736(21)01367-2)
- Verger, A. (2009). The merchants of education: Global politics and the uneven education liberalisation process within the WTO. *Comparative Education Review*, 53(3), 379–401. <https://doi.org/10.1086/599341>
- Vymětal, P. (2007). *Governance: Defining the Concept*. Oeconomica.
- Weintraub, R., Bitton, A., & Rosenberg, M. L. (2021, September 13). The danger of vaccine nationalism. *Harvard Business Review*. <https://hbr.org/2020/05/the-danger-of-vaccine-nationalism>
- Weiss, T. G. (2017). Governance, good governance and global governance: Conceptual and actual challenges. *International Organization*, 389–408. <https://doi.org/10.4324/9781315251981-14>
- Weiß, W., & Furculita, C. (2020). *Global politics and Eu trade Policy facing the challenges to a Multi-lateral Approach*. Springer International Publishing.
- WHO. (1981). *Verbatim records of plenary meeting reports of committees, WHA/34/1981/REC/2 Thirty-Fourth World Health Assembly*. https://apps.who.int/iris/bitstream/handle/10665/155680/WHA34_1981-REC2_eng.pdf?sequence=1&isAllowed=y
- WHO. (2006). *International Health Regulations (2005)*. Geneva, Switzerland.
- WHO. (2017). *Evaluation of the WHO Secretariat's contribution to the health-related Millennium Development Goals (Vol. 2)*.
- WHO. (2020). *COVID-19 Solidarity Response Fund for the World Health Organization: Impact Report*.

- WHO. (2022, February). *COVID-19 Vaccination in the Who African Region*. <https://www.afro.who.int/publications/covid-19-vaccination-who-african-region-7-february-2022>
- World Health Organization. (2020). *Cross-country collaborations to improve access to medicines and vaccines in the WHO European Region*. Copenhagen.
- WTO. (2011, November 18). *REPORT BY THE DIRECTOR-GENERAL, Eighth Session, WT/MIN (11)/5*.
- WTO. (2011). *Understanding the WTO*.
- Yadav, M. K. (2017). Structure and Functions of the World Health Organization. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 22(9). <http://DOI:10.9790/0837-2209011541>
- Zhang, H. (2021). Challenges and approaches of the global governance of public health under covid-19. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.727214>
- Zürn, M. (2004). Global Governance and Legitimacy Problems. *Government and Opposition*, 39(2), 260–287. <http://doi:10.1111/j.1477-7053.2004.00123.x>