

World Health Organization (WHO) and Global World Health Governance in the Post- Pandemic Era from the Perspectives of Neorealism and Neoliberalism

by Abdul Nadjib

Submission date: 26-Oct-2022 07:09PM (UTC+0700)

Submission ID: 1935855287

File name: NeuroQuantology_Abd_Nadjib.docx (32.71K)

Word count: 5676

Character count: 32910

World Health Organization (WHO) and Global World Health Governance in the Post-Pandemic Era from the Perspectives of Neorealism and Neoliberalism

Abdul Nadjib¹, Bagus Setya Rintyarna², I Made Aditya Mantara Putra³, Hidayat⁴, Reza Saeful Rachman⁵, Fakhry Amin⁶, Ilham Arief⁷,

¹Universitas Sriwijaya, Palembang, Indonesia

²Universitas Muhammadiyah Jember, Indonesia

³Universitas Warmadewa, Denpasar, Indonesia

⁴Universitas Nurtanio, Bandung, Indonesia

⁵Universitas Sangga Buana, Bandung, Indonesia

⁶Sekolah Tinggi Ilmu Ekonomi Enam-Enam, Kendari, Indonesia

⁷Sekolah Tinggi Ilmu Kesehatan Widya Dharma Husada, Tangerang, Indonesia.

Email: anadjib.salatti@gmail.com

Abstract

7

The Covid-19 pandemic has prompted international organizations such as the World Health Organization (WHO) to fight the outbreak. WHO, as a critical player in the global health order, is responsible for preventing the recurrence of pandemics like Covid-19 in the future. This scientific article, this study examines the role of WHO in developing global health governance through two essential glasses of International Relations, neorealism and neoliberalism. This study uses qualitative methods supported by secondary data to support the argument. The results show two opposing viewpoints on the role of WHO in developing global health governance. The WHO's role is viewed with skepticism by neorealists, who believe that countries can only rely on themselves to cope with the threat of future pandemics. On the other hand, the neoliberal perspective encourages countries to participate in global health governance in collaboration with WHO actively. The author concludes that the government must continue developing its capabilities to survive another pandemic. States, on the other hand, must collaborate with international organizational actors to establish inclusive and adaptive global health governance.

Keywords: *Neorealism, Neoliberalism, Global Health Governance, Pandemic, COVID-19.*

A. INTRODUCTION

The current COVID-19 pandemic can be categorized as one of the worst events for humanity in the last century. This pandemic occurs due to infection with the SARS-CoV-2 virus, which disrupts the human respiratory system and can cause death (Davies & Wenham, 2020). The virus was first identified in Wuhan, China, in late 2019 and soon spread rapidly worldwide. The World Health Organization (WHO) declared a global emergency on January 28, 2020, and a pandemic March 11, 2020 (Singh & Chattu, 2021). As of July 1, 2022, there were more than 552.4 million cases of COVID-19, with 6.3 million deaths worldwide (Worldometers, 2022).

The impact that occurs as a result of this is comprehensive, both in the fields of health, education, society, culture, etc. One solution to stop the spread of this case is to carry out a COVID-19 vaccination (Libotte et al., 2020). Nevertheless, unfortunately, in its development, the production and distribution of vaccines are still not evenly distributed worldwide. Many super-rich countries and vaccine producers have carried out comprehensive vaccinations, but many underdeveloped countries lack vaccine supplies (Thoradeniya & Jayasinghe, 2021).

After more than a year of the COVID-19 pandemic, the world community is starting to clean up and move on with life. Vaccinations have begun to be promoted, daily cases have been relatively stable, and many countries have opened their borders for tourism, education, etc. (Lee, 2021). However, during the first 18 months of the pandemic, only five countries were able to produce and distribute COVID-19 vaccines worldwide. Namely the United States, Britain, Russia, China, and India (Ciravegna & Michailova, 2022). The existence of these vaccine-producing countries has created a new block in the world. First, countries with vaccines, and second other countries that do not (Klages et al., 2021).

This creates new anarchy and inequality in the era of the COVID-19 pandemic. Inequality in the distribution of this vaccine has hampered the recovery of the global economy and international relations of countries in the world because each country, especially those still underdeveloped, has difficulties in fighting COVID-19 in their own country (Gupta et al., 2021). Therefore, real action and global solidarity are needed, especially from vaccine-owning countries, to reduce the gap in vaccination status between countries (Javed & Chattu, 2020). This can be realized through active communication and cooperation between countries in global forums, for example, WHO.

The World Health Organization (WHO) is working to reduce the threat of the COVID-19 pandemic. Like other international organizations, this institution has a noble and critical mission (Bayram & Shields, 2021). As an organization in charge of global health, WHO is responsible for improving the health of the world's population by following international standards and mitigating various disease threats that endanger human life (Ip, 2021). Furthermore, WHO must improve health standards, especially for Sub-Saharan Africans living below the poverty line (Noort et al., 2022). WHO was the first agency to declare Covid-19 a global pandemic at the start of the pandemic after the disease had spread across the country (Capano et al., 2020).

Throughout the pandemic, WHO has consistently lobbied countries to reduce the threat of Covid-19 and incorporate it into national security (Brousselle et al., 2020). Even after health experts discovered a Covid-19 vaccine, the WHO task became very difficult. They ensure that poor and developing countries have top priorities in vaccine distribution. WHO prioritizes preventing developed countries from stockpiling vaccines and selling them at exorbitant prices to Third World countries (Kupferschmidt, 2020). Furthermore, as part of governance, WHO has set a standard Covid-19 prevention health protocol to regulate state behavior in the health sector (Javed & Chattu, 2020).

Regardless of the WHO's performance mitigating the Covid-19 pandemic, the organization's role raises pros and cons. This debate arose concerning how WHO can regulate future health governance to maximize new disease strategies and management. For example, the WHO's role during the pandemic has resulted in various types of disintegration of trust. Since 2017, the South Korean government has adopted the concept of a healthy city initiated by WHO, and during the pandemic, the country was quite responsive in mitigating the threat of Covid-19 (Lee et al., 2020; Woo & Choi, 2022). Unlike the South Korean government, public opinion in the United States is divided into two camps. Citizens in the United States who are affiliated with the Democratic or Liberal Party are more likely to cooperate and agree that their country should work with WHO to fight the pandemic. Meanwhile, Republican supporters and conservatives refuse to cooperate with the WHO (De Freitas et al., 2021).

This issue often arises in studying international relations concerning global governance. The neorealist perspective assumes that global governance is a utopian dream (Lu, 2006). Countries should concentrate on their problems rather than delegating global governance to international institutions (Woods, 1999). In contrast to neorealism, neoliberalism assumes a more cooperative approach to world problems. Since their real problems are similar, countries

should collaborate on governance mechanisms (Stock et al., 2014). This dispute will complicate future global health governance, especially for WHO.

Neorealism is a school of thought that developed from classical and neoclassical realism. This point of view sees the interaction and structure of foreign policy through the eyes of Thomas Hobbes and Machiavelli, full of intrigue and deceit (Malcolm, 2017). According to neorealism, the state must continue strengthening itself independently in the political, military, and economic fields. Kenneth Waltz (2004), a neorealist thinker, states that the state exists in an anarchic system. According to Waltz, anarchy does not mean chaos. However, Waltz believes the current world does not have strict rules or governance to regulate behavior between countries (Alhammedi, 2022). In light of world anarchy, Waltz explains that states are always prone to conflict. Thus, neorealism emphasizes that the state must consistently develop its strength so that conditions remain safe (Rana, 2015).

In contrast to neoliberalism, which advocates international cooperation, neorealism is skeptical of international cooperation. According to neorealism, international cooperation is based on the assumption that the main task of the state is to protect its national interests (Schweller, 1996). Cooperation between countries focuses more on distributing power and maintaining influence through alliances. The goal is to compete with their competitors while keeping their country alive through alliances (Meibauer, 2021). According to proponents of neorealism, the state can survive if power disparities are applied. This concept explains why the state must independently increase its power in the country. Countries must form alliances to stay strong while balancing the influence and power of their competitors (Akdag, 2019).

Neoliberalism has an understanding that is opposed to neorealism. Neoliberalism is optimistic about the governance of international politics. The neoliberal perspective, like neorealism, agrees that the international political environment is anarchic. On the other hand, the neoliberal point of view emphasizes the importance of cooperation through the legal framework of regimes or international organizations (Alhammedi, 2022). In their view, neoliberalism believes that international problems should be solved through cooperation rather than conflict. This reasoning is closely related to the neoliberal view that global problems are shared problems that must be tackled collectively (Peoples & Vaughan-Williams, 2020)

In contrast to the military perspective of neorealism, neoliberalism is based on an economic approach. Neoliberalism encourages countries to form joint forums in the form of institutions that can accommodate all kinds of state interests (Stephen & Oluwaseun, 2022). The World Trade Organization (WTO) regulates tariffs, customs duties, and trade disputes commonly experienced by countries based on the interaction patterns described by neoliberalism (Barlow & Thow, 2021).

The two perspectives take different approaches to an international institution. International institutions, according to neorealism, are places where power and influence can be spread. However, neoliberalism views international institutions as a means of regime regulation and humanitarian intervention and a medium for spreading democracy (Gromyko, 2020). In the economic context, international institutions, from the point of view of neoliberalism, serve as a forum for countries to develop economic potentials such as market expansion, capital distribution, and investment in a country (Cornelissen, 2019).

Based on the description presented above, the author intends to compare two ideas, namely neorealism, and neoliberalism, in this paper, especially regarding the role of WHO as a regulator of global health governance. Furthermore, the purpose of this article is to provide an overview of what steps the state should take regarding the government.

B. METHOD

The author of this scientific article uses qualitative methods to analyze socio-political phenomena that occur in society. The author analyzes this phenomenon using qualitative

methods because the relationship between the variables presented can be studied qualitatively. According to Hammarberg et al. (2016), qualitative method researchers generally use methods to describe chronological events descriptively, explain deep relationships between variables, and investigate meanings or values that arise in society. Furthermore, the authors use the research design in the context of a case study. Case studies are phenomena or cross-border issues in international relations that include aspects of security, diplomacy, foreign policy, or international political economy (Spray & Roselle, 2012). In the context of international relations theory, the case studies in this article are related to the phenomenon of international organizations and their contribution to the development of global health governance. In terms of analysis, the author uses a technical approach to holistic analysis to examine two or more cases. The author then investigates the interrelationships between the cases and develops an argumentative point of view from the author's position on the case (Creswell & Creswell, 2017).

C. RESULT AND DISCUSSION

As stated in the previous discussion, the role of WHO during this pandemic is significant. The presence of the WHO to learn from the events of the Covid-19 pandemic confirms that the world does need global health governance that many countries can adopt—however, the role of WHO raises many contradictions; for example, after the Covid-19 pandemic, WHO must be able to carry out various lobbying maneuvers to persuade countries to open their borders. The territory and borders of a country are fixed costs. Both are components of sovereignty. However, sovereignty is often an obstacle to the WHO's humanitarian mission (Zylberman, 2020). WHO is humanitarian mission focuses not only on health but also on human rights. Access to health care is an essential component of human rights. Countries should be persuaded to open their borders by WHO. This effort will make international assistance and assistance for enforcing human rights in the health sector more accessible (de Mesquita et al., 2021).

We have to admit that sovereignty is the privilege of the state. They can direct their socio-political policies following national interests (Pietrasiak, 2020). In essence, the opening of state boundaries has given rise to new implications, namely the emergence of the term "sharing sovereignty." The concept of shared sovereignty is criticized by neorealism. Sovereignty is a state's full right. However, from the point of view of neorealism, opening borders is a form of contamination of a country's sovereign rights. As a result, sovereignty management will be complex for the state if it involves other actors, such as international organizations. As a result, sovereignty management can result in conflicts and overlapping interests between states and international organizations (Bickerton et al., 2022). Furthermore, opening borders will endanger the country regarding political ideology, identity, and cultural clashes. As a result, if countries defend their sovereignty to the extreme, WHO's efforts to realize global health governance will be complex. The existence of WHO as an international organization is also criticized by neorealism. International organizations, according to neorealism, are nothing more than tools for states to distribute their power. If a country believes that the power of another country threatens its existence, it will join an international organization. As a result, state participation in international organizations is a form of effort to avoid threats. International organizations are a strategy of "bandwagoning" and "hedging" in countries with extraordinary power to countries with less power.

On the other hand, international organizations are alliances for countries with great power to distribute their power. Another consequence of joining an international organization is that the state has to comply with the legal rules set by the organization formally. The implication is that states sometimes have to hand over some of their authority and sovereignty to international organizations (Cannon & Rossiter, 2022). Apart from the political implications,

joining countries under the auspices of international organizations requires them to accept financial responsibilities. An organization can run its operational wheel mechanism if member countries are willing to make financial contributions. The state must be willing to spend some of its funds to keep international organizations running (Moller, 2020). This mechanism is against the national interest of some countries. It occurs when they believe the organization is too accommodating of their political opponents. One example is the US government's criticism of the WHO, which they believe is too close to China. President Donald Trump has criticized the World Health Organization, which they believe is too close to China's interests. As a result, President Trump threatened to cut the US budget to the WHO. President Trump's actions received a response from the American people. At least 51% of Americans oppose their government's participation in WHO (Bayram & Shields, 2021).

Following the Covid-19 pandemic, WHO has an essential priority in establishing global health governance. One of its primary responsibilities is establishing disease governance and control programs and setting health standards that cross racial, gender, and ethnic lines—WHO is responsible for achieving a socio-politically healthy and just society by 2030 (Dentico, 2021). On the other hand, the neorealist viewpoint views WHO as skeptical of its efforts to achieve global health governance. First and foremost, the international system is anarchic. This means that the current international system lacks rules and governance capable of governing all countries from a political point of view. The emergence of this anarchy system is inseparable from human nature, especially greed and selfishness. Humans are the movers of the state. According to neorealism's point of view, every state seems selfish. So the primary goal of a country is to survive in an anarchic environment at all costs (Alhammedi, 2022). One important thing to remember is that if a country's attitude is aggressive, that country's propensity to conflict increases. As a result, all forms of collaboration will be easily overlooked (Fearon, 2018). From the point of view of neorealism, states have only two choices in the international system: move to hegemony or maintain their "status quo." Countries that become hegemons tend to dominate other countries.

Meanwhile, in the context of the "status quo," they only need to balance their power with other countries so that they are unmatched and sufficient to create a balance in the international political order. As a result, neorealists will be skeptical of the realization of the WHO as a regulator of global health governance. In contrast, neorealism emphasizes the independent development of the state from visible forces such as technology or the economy to prevent these catastrophic pandemics in the future (McConaughy et al., 2018). Empirical evidence of this country's behavior can be found in the responses of the United States under President Trump and the United Kingdom under Boris Johnson, both of which are aggressive toward China, skeptical of WHO and using vaccine technology for economic gain (Dentico, 2021).

In contrast to neorealism, the neoliberal point of view sees cooperation as a necessary alternative to reducing problems and threats. WHO has announced three essential agendas each country must achieve in the 2019-2023 work program report. The first is that protecting global health standards benefits a billion people. Second, one billion people are protected from various types of health threats. Third, one billion people have a reasonable level of well-being and health (WHO, 2019). However, WHO's efforts will cross the boundaries of national sovereignty. Meanwhile, sovereignty is very sacred in the eyes of neorealism. The neoliberal point of view tries to criticize this point of view. The context of sovereignty is no longer relevant in the face of massive and communal threats. Common problems will be resolved at least if countries work together and institutionalize problems to be solved collectively. Common problems include the threat of a pandemic or a new disease. These cross-border threats cannot be mitigated by focusing on high-level political issues (Wilner et al., 2022). Cooperation between countries, according to neoliberalism, must be institutionalized. The goal

is the need for a formal legal organization to organize and implement programs, political policies, and governance.

Following the Covid-19 pandemic, WHO has an essential priority in establishing global health governance. One of its primary responsibilities is establishing disease governance and control programs and setting health standards that cross racial, gender, and ethnic lines—WHO is responsible for achieving a socio-politically healthy and just society by 2030 (Dentico, 2021). On the other hand, the neorealist viewpoint views WHO as skeptical of its efforts to achieve global health governance. First and foremost, the international system is anarchic. This means that the current international system lacks rules and governance capable of governing all countries from a political point of view. The emergence of this anarchy system is inseparable from human nature, especially greed and selfishness. Humans are the movers of the state. According to neorealism's point of view, every state seems selfish. So the primary goal of a country is to survive in an anarchic environment at all costs (Alhammadi, 2022). One important thing to remember is that if a country's attitude is aggressive, that country's propensity to conflict increases. As a result, all forms of collaboration will be easily overlooked (Fearon, 2018). From the point of view of neorealism, states have only two choices in the international system: move to hegemony or maintain their "status quo." Countries that become hegemons tend to dominate other countries.

Meanwhile, in the context of the "status quo," they only need to balance their power with other countries so that they are unmatched and sufficient to create a balance in the international political order. As a result, neorealists will be skeptical of the realization of the WHO as a regulator of global health governance. In contrast, neorealism emphasizes the independent development of the state from visible forces such as technology or the economy to prevent these catastrophic pandemics in the future (McConaughey et al., 2018). Empirical evidence of this country's behavior can be found in the responses of the United States under President Trump and the United Kingdom under Boris Johnson, both of which are aggressive toward China, skeptical of WHO and using vaccine technology for economic gain (Dentico, 2021).

In contrast to neorealism, the neoliberal point of view sees cooperation as a necessary alternative to reducing problems and threats. WHO has announced three essential agendas each country must achieve in the 2019-2023 work program report. The first is that protecting global health standards benefits a billion people. Second, one billion people are protected from various types of health threats. Third, one billion people have a reasonable level of well-being and health (WHO, 2019). However, WHO's efforts will cross the boundaries of national sovereignty. Meanwhile, sovereignty is very sacred in the eyes of neorealism. The neoliberal point of view tries to criticize this point of view. The context of sovereignty is no longer relevant in the face of massive and communal threats. Common problems will be resolved at least if countries work together and institutionalize problems to be solved collectively. Common problems include the threat of a pandemic or a new disease. These cross-border threats cannot be mitigated by focusing on high-level political issues (Wilner et al., 2022). Cooperation between countries, according to neoliberalism, must be institutionalized. The goal is the need for a formal legal organization to organize and implement programs, political policies, and governance.

The Covid-19 pandemic teaches us that countries need international agreements enshrined in government. The main objective is to show how the uncertainty of global conditions due to the Covid-19 pandemic affects a country's political, economic, and social stability. The third reason is that the country is currently facing several systemic crises in the post-nationalism era. Financial, environmental, natural disasters, and disease crises have far-reaching global consequences. Therefore, crisis management efforts require an approach that is not separated by national boundaries. To overcome the crisis, the world needs an institution

(Heupel et al., 2021). The final reason is that the nation-state is committed to achieving the third sustainable development goal: the equitable distribution of health standards. As a result of this pandemic event, Covid-19 has created a gulf between rich and developing countries. Conflict-ridden developing countries cannot reduce the threat of a pandemic. Meanwhile, if individualist realism becomes our guide, developing countries will not be able to survive the pandemic. Why is that? Because the pandemic affects not only health but also one of the most basic human rights, the right to health. As a result, organizations such as WHO must be the bridge and spearhead in developing governance and bridging the gap (Seyhan, 2020).

Based on the two schools of thought discussed above, the authors argue that WHO plays an essential role in developing health management strategies that can mitigate pandemic threats such as Covid-19. WHO has the authority to shape global health governance, which many countries have adopted. However, WHO must pay attention to several issues related to their coexistence with state actors. First, the state maintains sovereignty as an essential component. The state has a fundamental right to sovereignty to make a constitution, run the government, uphold order, and uphold justice (Nicholls, 2019). As a result, WHO must continue respecting countries' fundamental rights.

Another critical point is that WHO initially mitigated the Covid-19 pandemic on its own because it did not anticipate the implications this new disease would cause global chaos. Learning from this pandemic, WHO must create a long-term governance framework that considers the relationship between health and the political, social, and economic spheres. Furthermore, future WHO governance policies should be developed in collaboration with United Nations sub-organs such as UNICEF (United Nations Children's Education Fund) or UNDP (United Nations Development Programme) (Liu, 2022). Furthermore, the authors argue that the government's position is not always well-targeted or inclusive. As a result, in this case, WHO must consider technical aspects, especially those related to implementing health standards in WHO partner countries. Work strategies, resource mobilization, WHO partner country eligibility, types of assistance, and funding allocations must all be included in the governance structure (Chi & Bump, 2018).

Furthermore, the authors believe that establishing governance cannot be wholly the responsibility of WHO. State participation in governance arrangements is required. However, states have national interests that international organizations can pursue globally. At the very least, states can choose whether to be isolationist or cooperative. Empirically, the UK government seems to have underestimated the call to collaborate with WHO or openly like the French government in overcoming the Covid-19 pandemic crisis (Benoît & Hay, 2022).

D. CONCLUSION

The COVID-19 pandemic has undermined global stability, but lessons must be learned. The presence of WHO incentivizes countries and communities to set consistent health standards. In light of this pandemic, WHO must prepare health governance to achieve sustainable development program goals. The neorealist view is skeptical of the realization of government because the state cannot rely on anyone but itself. The neoliberal point of view, on the other hand, believes that the crisis of the Covid-19 pandemic should be an impetus for all countries to collaborate. Neoliberalism sees the Covid-19 pandemic as a signal for WHO to develop global health governance that every country can adopt. In essence, such governance should not endanger the sovereignty of the state. However, the country cannot survive independently and believes that a pandemic like Covid-19 will not happen again. At least, the Covid-19 pandemic must be able to become a forum for cooperation between countries and international organizations so that similar incidents do not happen again in the future.

REFERENCES

1. Akdag, Y. (2019). The likelihood of Cyberwar between the United States and China: A neorealism and power transition theory perspective. *Journal of Chinese Political Science*, 24(2), 225–247.
2. Alhamadi, A. (2022). The Neorealism and Neoliberalism Behind International Relations During COVID-19. *World Affairs*, 185(1), 147-175.
3. Barlow, P., & Thow, A. M. (2021). Neoliberal discourse, actor power, and the politics of nutrition policy: a qualitative analysis of everyday challenges to nutrition labeling regulations at the World Trade Organization, 2007–2019. *Social Science & Medicine*, p. 273, 113761.
4. Bayram, A. B., & Shields, T. (2021). Who Trusts the WHO? Heuristics and Americans' Trust in the World Health Organization During the COVID-19 Pandemic. *Social science quarterly*, 102(5), 2312–2330.
5. Benoît, C., & Hay, C. (2022). The antinomies of sovereigntism, statism, and liberalism in European democratic responses to the COVID-19 crisis: a comparison of Britain and France. *Comparative European Politics*, 1-21.
6. Bickerton, C., Brack, N., Coman, R., & Crespy, A. (2022). Conflicts of sovereignty in contemporary Europe: a framework of analysis. *Comparative European Politics*, 1-18.
7. Brousselle, A., Brunet-Jailly, E., Kennedy, C., Phillips, S. D., Quigley, K., & Roberts, A. (2020). Beyond COVID-19: Five commentaries on reimagining governance for future crises and resilience. *Canadian Public Administration*, 63(3), 369–408.
8. Cannon, B. J., & Rossiter, A. (2022). Locating the Quad: informality, institutional flexibility, and future alignment in the Indo-Pacific. *International Politics*, 1-22.
9. Capano, G., Howlett, M., Jarvis, D. S., Ramesh, M., & Goyal, N. (2020). Mobilizing policy (in) capacity to fight COVID-19: Understanding variations in state responses. *Policy and Society*, 39(3), 285–308.
10. Chi, Y. L., & Bump, J. B. (2018). Resource allocation processes at multilateral organizations working in global health. *Health policy and planning*, 33(suppl_1), i4-i13.
11. Ciravegna, L., & Michailova, S. (2022). Why the world economy needs, but will not get, more globalization in the post-COVID-19 decade. *Journal of International Business Studies*, 53(1), 172-186.
12. Cornelissen, L. (2019). The condition of neoliberalism studies: a critical review of Damien Cahill & Martijn Konings, Neoliberalism and Kean Birch, A research agenda for neoliberalism.
13. Cortell, A. P., & Peterson, S. (2022). Autonomy and international organizations. *Journal of International Relations and Development*, 25(2), 399-424.
14. Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
15. Davies, S. E., & Wenham, C. (2020). Why the COVID-19 response needs International Relations. *International Affairs*, 96(5), 1227–1251.
16. De Freitas, L., Basdeo, D., & Wang, H. I. (2021). Public trust, information sources and vaccine willingness related to the COVID-19 pandemic in Trinidad and Tobago: an online cross-sectional survey. *The Lancet Regional Health-Americas*, 3, 100051.
17. de Mesquita, J. B., Kapilashrami, A., & Meier, B. M. (2021). Strengthening Human Rights in Global Health Law: Lessons from the COVID-19 Response. *Journal of Law, Medicine & Ethics*, 49(2), 328-331.
18. Debre, M. J., & Dijkstra, H. (2021). Institutional design for a post-liberal order: why some international organizations live longer than others. *European Journal of International Relations*, 27(1), 311-339.
19. Dentico, N. (2021). The Breathing Catastrophe: COVID-19 and Global Health Governance. *Development*, 64(1), 4–12.

20. Fearon, J. D. (2018). Cooperation, conflict, and the costs of anarchy. *International Organization*, 72(3), 523-559.
21. Gromyko, A. A. (2020). Metamorphoses of political neoliberalism. *Herald of the Russian Academy of Sciences*, 90(6), 645-652.
22. Gupta, N., Singh, B., Kaur, J., Singh, S., & Chattu, V. K. (2021). COVID-19 pandemic and reimagination of multilateralism through global health diplomacy. *Sustainability*, 13(20), 11551.
23. Hammarberg, K., Kirkman, M., & de Lacey, S. (2016). Qualitative research methods: when to use them and how to judge them. *Human reproduction*, 31(3), 498–501.
24. Heimer, C. A. (2018). The uses of disorder in negotiated information orders: information leveraging and changing norms in global public health governance. *The British Journal of Sociology*, 69(4), 910-935.
25. Heupel, M., Koenig-Archibugi, M., Kreuder-Sonnen, C., Patberg, M., Séville, A., Steffek, J., & White, J. (2021). Emergency politics after globalization. *International Studies Review*, 23(4), 1959-1987.
26. Ip, E. C. (2021). The constitutional economics of the World Health Organization. *Health Economics, Policy, and Law*, 16(3), 325–339.
27. Javed, S., & Chattu, V. K. (2020). Strengthening the COVID-19 pandemic response, global leadership, and international cooperation through global health diplomacy. *Health promotion perspectives*, 10(4), 300.
28. Klemeš, J. J., Jiang, P., Van Fan, Y., Bokhari, A., & Wang, X. C. (2021). COVID-19 pandemics Stage II—energy and environmental impacts of vaccination. *Renewable and Sustainable Energy Reviews*, 150, 111400.
29. Kupferschmidt, K. (2020). Despite obstacles, WHO unveils a plan to distribute the vaccine.
30. Lee, S. T. (2021). Vaccine diplomacy: nation branding and China's COVID-19 soft power play. *Place Branding and Public Diplomacy*, pp. 1–15.
31. Lee, S., Hwang, C., & Moon, M. J. (2020). Policy learning and crisis policy-making: Quadruple-loop learning and COVID-19 responses in South Korea. *Policy and Society*, 39(3), 363–381.
32. Libotte, G. B., Lobato, F. S., Platt, G. M., & Neto, A. J. S. (2020). Determination of an optimal control strategy for vaccine administration in COVID-19 pandemic treatment. *Computer methods and programs in biomedicine*, 196, 105664.
33. Liu, S. (2022). International Organizations' Policy Response to COVID-19 in Longer Terms. *Global Policy*.
34. Lu, C. (2006). World government. *Stanford Encyclopedia of Philosophy*.
35. Malcolm, N. (2017). Hobbes's Theory of International Relations. In *Thomas Hobbes* (pp. 499–524). Routledge.
36. McConaughey, M., Musgrave, P., & Nexon, D. H. (2018). Beyond anarchy: logics of political organization, hierarchy, and international structure. *International Theory*, 10(2), 181–218.
37. Meibauer, G. (2021). Neorealism, neoclassical realism, and the problem (s) of history. *International Relations*, 00471178211033943.
38. Moller, S. B. (2020). Twenty years after assessing the consequences of enlargement for the NATO military alliance. *International Politics*, 57(3), 509-529.
39. Moore, E. M., Brandl, K., & Dau, L. A. (2021). Intergovernmental organizations, institutional schisms, and business environments. *Journal of International Business Policy*, 1-18.
40. Nicholls, S. (2019). Sovereignty and Government in Jean Bodin's Six Livres de la République (1576). *Journal of the History of Ideas*, 80(1), 47–66.

41. Nicholls, S. (2019). Sovereignty and Government in Jean Bodin's Six Livres de la République (1576). *Journal of the History of Ideas*, 80(1), 47–66.
42. Noort, M. W., Renzetti, S., Linderhof, V., du Rand, G. E., Marx-Pienaar, N. J., de Kock, H. L., ... & Taylor, J. R. (2022). Towards Sustainable Shifts to Healthy Diets and Food Security in Sub-Saharan Africa with Climate-Resilient Crops in Bread-Type Products: A Food System Analysis. *Foods*, 11(2), 135.
43. Pan, L. (2022). The Development and Prospect of Neoliberalism International Relations Theory. *Journal of Education, Humanities and Social Sciences*, pp. 1, 266–272.
44. Peoples, C., & Vaughan-Williams, N. (2020). *Critical security studies: An introduction*. Routledge.
45. Pietrasiak, M. (2020). The ASEAN's Attitude to the South China Sea Dispute after the Verdict of the Permanent Court of Arbitration in the Hague.
46. Rana, W. (2015). Theory of complex interdependence: A comparative analysis of realist and neoliberal thoughts. *International journal of business and social science*, 6(2).
47. Roselle, L. (2016). *Research and writing in international relations*. Routledge.
48. Schweller, R. L. (1996). Neorealism's status-quo bias: What security dilemma?. *Security Studies*, 5(3), 90-121.
49. Seyhan, E. (2020). Pandemic powers: Why human rights organizations should not lose focus on civil and political rights. *Journal of Human Rights Practice*, 12(2), 268–275.
50. Singh, B., & Chattu, V. K. (2021). Prioritizing 'equity in COVID-19 vaccine distribution through Global Health Diplomacy. *Health Promotion Perspectives*, 11(3), 281.
51. Stephen, O. O., & Oluwaseun, K. A. (2022). For or against neoliberalism: Saliency, strike and sensibility in Nigeria's university system in the post-COVID-19 era. *Policy Futures in Education*, 20(4), 443-450.
52. Stock, P. V., Forney, J., Emery, S. B., & Wittman, H. (2014). Neoliberal natures on the farm: farmer autonomy and cooperation in comparative perspective. *Journal of Rural Studies*, pp. 36, 411–422.
53. Thoradeniya, T., & Jayasinghe, S. (2021). COVID-19 and future pandemics: a global systems approach and relevance to SDGs. *Globalization and Health*, 17(1), 1-10.
54. Waltz, K. (2004). Neorealism: Confusions and criticisms. *Journal of Politics and Society*, 15(1), 2–6.
55. WHO. 2019. *Thirteenth General Programme of Work 2019-2023*.
56. Wilner, A. S., Luce, H., Ouellet, E., Williams, O., & Costa, N. (2021). From public health to cyber hygiene: Cybersecurity and Canada's healthcare sector. *International Journal*, 76(4), 522–543.
57. Woo, J. M., & Choi, M. (2022). Why and how have Korean cities embraced the World Health Organization's age-friendly cities and communities model? *Journal of Aging & Social Policy*, 34(2), 293–310.
58. Woods, N. (1999). Good governance in international organizations. *Global governance*, pp. 5, 39.
59. Zylberman, P. (2020). "Debordering" public health: the changing patterns of health border in modern Europe. *História, Ciências, Saúde-Manguinhos*, 27, 29-48.

World Health Organization (WHO) and Global World Health Governance in the Post-Pandemic Era from the Perspectives of Neorealism and Neoliberalism

ORIGINALITY REPORT

4%

SIMILARITY INDEX

4%

INTERNET SOURCES

1%

PUBLICATIONS

1%

STUDENT PAPERS

PRIMARY SOURCES

1	www.acg.edu Internet Source	1%
2	etheses.bham.ac.uk Internet Source	<1%
3	Submitted to Özyegin Üniversitesi Student Paper	<1%
4	Submitted to University of Nottingham Student Paper	<1%
5	erepository.uonbi.ac.ke Internet Source	<1%
6	uwispace.sta.uwi.edu Internet Source	<1%
7	Spiegel, Steven L.. "World Politics in a New Era IE", Oxford University Press Publication	<1%
8	Vinicius Albani, Matheus Grasselli, Weijie Peng, Jorge P. Zubelli. "The Interplay between	<1%

COVID-19 and the Economy in Canada", Journal of Risk and Financial Management, 2022

Publication

9	daten-quadrat.de Internet Source	<1 %
10	www.ibtimes.com Internet Source	<1 %
11	link.springer.com Internet Source	<1 %
12	philpapers.org Internet Source	<1 %
13	pubmed.ncbi.nlm.nih.gov Internet Source	<1 %
14	the1uploader.wordpress.com Internet Source	<1 %
15	www.cambridge.org Internet Source	<1 %

Exclude quotes On

Exclude matches Off

Exclude bibliography On