

Commentary



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Announcement of launching the JGHS commission on COVID-19 response

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In 1980 when the World Health Organization (WHO) declared the eradication of smallpox, it was hard to imagine that an unknown virus would drive the world into pandemic chaos forty years later. It seemed inconceivable, even earlier this year, that a regional coronavirus disease-19 (COVID-19) epidemic in East Asian countries would overwhelm the robust healthcare systems of Europe and the United States, leading the planet to global economic crisis and massive social unrest. With little warning or foresight, COVID-19 has caused severe illness and death, while devastating social and economic life in much of the world. Merely 12 years after the WHO announced the drive toward “universal health coverage,” in the era of precision medicine, gene therapies, and CRISPR, most of the global population has been or is under “stay at home” orders or “lockdown,” with all non-essential or urgent health care suspended. The world has been caught utterly unprepared, even as many global health experts had been warning about more frequent and severe emerging and re-emerging zoonotic disease appearing over time in advance. We are indisputably “one world, one health.”

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INSUFFICIENT KNOWLEDGE TO SUFFICIENT MITIGATION

There is a clear gap between sufficient knowledge for effective epidemic crisis management and current scientific understanding. To successfully tackle pandemics, leaders need not only good judgement and a commitment to following scientific evidence, but strategies to engage deeply with social values and deliberative processes. Effective outbreak response also requires a plan and predetermined protocol-based process. So far, there has been very few countries that have effectively curbed spread of SARS-CoV-2. Rather, many politicians have sown fear or underplayed the risks, often taking a highly nationalistic approach.

Effective pandemic response requires global cooperation—which should have been possible building off decades of international institution-building. During the last half of the 19 century, European nations held a Series of 14 International Sanitary Conference (1st conference in Paris in 1851), culminating in the International Sanitary Regulations—updated in 1938 to the International Quarantine Regulation and by 1948 the WHO adopted these regulations, becoming the International Health Regulation (IHR) in 1969. After SARS, the IHR were fundamentally revised in 2005.

Unfortunately, rather than relying on these agreements and norms built over decades, we see a turn to a mutually destructive “tragedy of the commons” in which each country is out for themselves. With little evidence on what will work, many countries are often using a one-size-fits-all response policy¹ (i.e., lockdown), often without fully considering the ways concerns outside the health sector like income generation and schooling directly impact on health outcomes. This seems almost a *deja vu* from a prior era of outbreaks in which countries adopted policies like arbitrary quarantine (non-specific quarantine, mostly around 40 days of isolation for all incoming commerce before Paris Conference) until evidence was applied to fit quarantines and isolation more directly to the threat (specific quarantine), to reach balance between health and non-health priorities.

FROM A NATIONAL TO GLOBAL PERSPECTIVE

As the virus quickly spreads from country to country and continent to continent, many political leaders have shown little interest in global engagement. Much as the world experienced before 1851 and many times since then, inward-focused nation states quickly become barriers to fighting disease. When the world's most powerful countries turn inward, it makes fighting a pandemic nearly impossible. The world also no longer enjoys protections of the era before 1851, where the spread of disease was partially blunted by the low levels and slow speed of travel.

In today's interconnected world of 2020, the academic community must work to learn the lessons of early 19th century pandemics, even as we grapple with the lessons of just a few months ago. We need to recapture attention to nuance in public health policies—being thoughtful about where extreme measures such as lockdowns are necessary, even as we maintain a desire to temper such measures as policies of last resort or only inevitable part of many response elements. Academics and policymakers alike must also address with nuance the responsibilities of sovereign states versus benefits of global collaboration. Looking back at the successes of history, we need leaders and leadership—the counterparts of the participants in Paris in 1851—to guide us toward a cohesive strategy that can work in

2020 although this era needs global leaderships from wider geographical areas. And with a pandemic likely to last for many months or even years to come, we need policies capable of preventing and managing infections while restoring economic activity and civic life.

DIM LIGHT DESPITE HUGE HEAT

Since January 2020, the scientific and medical communities have produced a wealth of research, and social scientists have been very active. The challenge now is to synthesize this vast body of material, to develop a comprehensive and coherent understanding of what is happening and what can be done to control the pandemic, but also to identify the gaps. While the results of research on how the coronavirus binds to the ACE2 receptor are universal, the insights obtained from behavioral and managerial science, and from health policy and systems research is often contextually bounded and, in many countries, the necessary expertise is lacking. And even in the “hard” sciences, much of the thinking takes place in siloes—a major failing when we are dealing with a complex multi-system disease. And the recommendations that emerge from their research may pay little or no regard to the norms and values of the societies in which they live, rendering their advice meaningless. Truly interdisciplinary work has been seen in far fewer research publications, leaving gaps for politicians and policymakers who need to understand not just the biology and theories of disease transmission, but how these biological processes will play out in real social worlds as science is translated into policy.

TIME FOR GLOBAL COLLABORATION BY SCHOLARS FROM DIVERSE AREAS

Journal of Global Health Science (JGHS) calls on the global scientific and social sciences communities to come together to generate interdisciplinary evidence, thought leadership and solutions. We call on scholars from disciplines such as health policy, medicine, public health, health law, public administration, and social welfare, welcoming those from the humanities (i.e., philosophy, history), social sciences (i.e., economics, politics, area studies, anthropology, and ethnography), natural sciences (i.e., ocean science, astrophysics, archaeology, geology, and geography) and beyond to place the response within historic, cultural and economic frameworks.

JGHS recognizes that the underlying causes of the spread and impact of the pandemic, the response and the impact of the response is too wide-ranging to expect the bio-medical scientific community alone to design and evaluate comprehensive and effective system level responses to this and any future pandemic. In addition, *JGHS* believes that an effective response requires a profound understanding from all regions of the globe. This philosophy, set out in the inaugural issue of *JGHS*²⁻⁴ has inspired the launch of the *JGHS* Commission on COVID-19 Response.

COMPOSITION AND POTENT OF JGHS COMMISSION ON COVID-19

Under the leadership of Professor Lawrence Gostin,^{5,7} Faulty Director of the O'Neill Institute for National and Global Health Law at Georgetown University, *JGHS* will launch the Commission

and support its growth to ensure it is sufficiently wide-ranging to learn how to tackle this severe threat. Professor Katie Gottschalk,¹⁵ Executive Director of the O'Neill Institute, and Professor Matthew Kavanagh,^{9,18} Director the Global Health Politics and Policy Initiative at Georgetown University, will serve as deputy-chairs of the Commission, along with their Korean counterparts co-chairs, Professor Jong-Koo Lee,¹⁹ former Director of the Korean Centers for Disease Control and Prevention Director and a current COVID response advisor to WHO-West Pacific Regional Office, and Professor Jae Wook Choi, President of Korean Society of Global Health (KSGH) and the special Korean advisor for COVID response to Prime Minister of Uzbekistan.

The Commission will also include following scholars (named a few from the full list) and more by new invitation over time:

1. Academic leaders (limited list)

- Professor Martin McKee²⁰⁻³² (Health Systems in Transition), London School of Hygiene and Tropical Medicine
- Professor Ole F Norheim³³ (Priority Setting in Health), University of Bergen
- Professor SV Subramanian³⁴ (Geography and Multi-level analysis), Harvard University
- Professor Kenji Shibuya³⁵ (Global Health Policy and Population Health) at King's College of London
- Professor Lisa R Hirschhorn³⁶ (Social Science and Medicine), at Northwestern University
- Professor S. Patrick Kachur³⁷ (Global Health) at Columbia University
- Dr. Irene Torres³⁸ (Population Health in Latin America)

2. Regional experts (limited list)

- Professor Osvaldo Artaza (ex-Health Minister of Chile), University of Las Americas
- Professor Rocío Sáenz (ex-Health Minister of Costa Rica), University of Costa Rica
- Professor Hoang Van Minh³⁹ (Vice Rector for Research), Hanoi University of Public Health
- Professor Chang-Chung Chan⁴⁰ (Dean), National Taiwan University
- Professor Tran Giang Huong (General Director) at Division of Programmes for Disease Control, WHO Regional Office for the Western Pacific
- Dr. Koku Awoonor-Williams (Director of Policy, Planning, Monitoring and Evaluation), Ghana Health Services, Ministry of Ghana
- Professor Ayaga Bawah, University of Ghana

3. Korean scholars (limited list)

- Professor Hyukmin Lee⁴¹⁻⁴³ (Laboratory Medicine), Yonsei University
- Professor Myoungsoon You⁴⁴ (Risk Communication), Seoul National University
- Dr. Kunhee Park (Local Community Quarantine), Ansan Sangrok District Health Center
- Professor YeonSook Kim (Acute transformation of teaching hospital patients flow to effectively respond epidemic crisis), Chungnam National University Hospital

JGHS will invite counterparts of other successful countries such as New Zealand, Australia, Taiwan, Norway, Finland, Iceland Portugal, Vietnam, Sri Lanka, Costa Rica, and Greece to develop a comparative study platform. KSGH promised to strongly support *JGHS* Commission by tireless effort through executive the board of academic affair, Professor Soonman Kwon⁴⁵ and chief executive board Professor Eun Woo Nam.⁴⁶

JGHS will also invite those from other disciplines including philosophy, astronomy, agriculture, education, chemistry, engineering, athletics, psychology, mathematics, mobility

science, zoonosis, development economics, foreign policy, humanitarian aid to ensure the Commission remains multi-disciplinary.

THE WAY FORWARD

Over the next 2 years, the Commission will review, analyze, and publish evidence-based research articles, commentaries and perspectives on the response to COVID-19, to assist politicians and policymakers identifying the critical intersections between public health and societal growth for this and future pandemics.

As the evidence base grows and the pandemic shifts and changes, the Commission will also evolve through its inclusion of new scholars from different disciplines and geographical regions.

We stand ready to join together as a global scholarly community to serve public health.

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