COVID-19 gives the lie to global health expertise

As the coronavirus disease 2019 (COVID-19) outbreak began spreading in Europe and the USA, a chart started circulating online showing ratings from the 2019 Global Health Security Index, an assessment of 195 countries' capacity to face infectious disease outbreaks, compiled by the US-based Nuclear Threat Initiative and the Johns Hopkins School of Public Health's Center for Health Security. The USA was ranked first, and the UK second; South Korea was ranked ninth, and China 51st; most African countries were at the bottom of the ranking.

Things look different now. The US and UK Governments have provided among the world's worst responses to the pandemic, with sheer lies and incompetence from the former, and near-criminal delays and obfuscation from the latter. Neither country has widespread testing available, as strongly recommended by WHO, alongside treatment and robust contact tracing.[1] In neither country do health workers have adequate access to personal protective equipment; nor are there nearly enough hospital beds to accommodate the onslaught of patients. Even worse, by refusing to ease sanctions against Iran, Venezuela, and Cuba, the US has crippled the ability of other countries to respond, continuing to block medical supplies and other humanitarian aid.[2]

Meanwhile, Asian countries, including China, South Korea, Singapore, and Taiwan, have provided rapid, effective, and often innovative responses, thanks in part to their recent experience with outbreaks of Middle East respiratory syndrome in 2015 and the 2002–03 severe acute respiratory syndrome epidemic. China has convened hundreds of foreign officials to share lessons, and dispatched experts, masks and other supplies to Italy and other affected countries. Cuba has also sent doctors to help with the response, and welcomed sick cruise ship passengers refused entry by the USA.

Although it is too early to assess the strength of the COVID-19 response in Africa, African countries, despite limited resources, have also adopted measures worth imitating, such as simplified triage strategies[3] and proactive screening (Uganda), handwashing stations at transport hubs (Rwanda), WhatsApp chatbots providing reliable information and rapid testing diagnostics (Senegal), and volunteer-staffed call centres and celebrity campaigns to promote responsible actions during the pandemic (Nigeria). Yet relatively little has been heard on the global stage about these efforts or from African veterans of the Ebola epidemics in west Africa and central Africa, even though COVID-19 appears to spread in similar ways—through family clusters.

Is preparedness in the eye of the beholder? COVID-19 is giving the lie to prevailing notions of expertise and solidarity. The global health model is based in large part on technical assistance and capacity building by the US, the UK, and other rich countries, whose response has been sclerotic and delayed at best. A recent report by Global Health 50/50 showed that 85% of global organisations working in health have headquarters in Europe and North America; two-thirds are headquartered in Switzerland, the UK, and the USA.[4] More than 80% of global health leaders are nationals of high-income countries, and half are nationals of the UK and the USA.

Global health will never be the same after COVID-19—it cannot be. The pandemic has given the lie to the notion that expertise is concentrated in, or at least best channelled by, legacy powers and historically rich states. We must move quickly, for our own security, beyond the rhetoric of equality to the reality of a more democratic, more multipolar, more networked, and more distributed understanding and operation of global health.

Conversations about how to do so, although just beginning, are long overdue.

I declare no competing interests.

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For the **2019 Global Health Security Index** see https://www.ghsindex.org