Establishing the value of regional cooperation and a critical role for regional organisations in managing future health emergencies

Afifah Rahman-Shepherd, Nelson Aghogho Evaborhene, Ayelet Berman, Ana B Amaya, Ezekiel Boro, Osman Dar, Zheng Jie Marc Ho, Anne-Sophie Jung, Mishal Khan, Olaa Mohamed-Ahmed, Oyeronke Oyebanji, Tikki Elka Pangestu, Sabina Faiz Rashid, Ahmed Razavi, Pía Riggirozzi, Helena Legido-Quigley, Li Yang Hsu**

The COVID-19 pandemic revealed the failures of global, multilateral cooperation to respond and adapt to health emergencies while observing the principles of solidarity and equity. This response has raised the question of whether the global architecture for health emergencies is fit for purpose. In this Health Policy, amid proposals to reform this architecture, we consider the potential value of regional cooperation and the role regional organisations might play in delivering effective and equitable solutions to the challenges posed by public health emergencies. Drawing on our multidisciplinary perspectives and diverse experience of geographical regions, we explore the value of regional cooperation, the role of regional organisations, where they could have the greatest impact, and the major factors affecting regional cooperation and regional organisations in managing public health emergencies. As the COVID-19 pandemic reshapes our approach to health emergencies, leveraging and integrating the capabilities of regional organisations will be crucial for improving preparedness and response efforts globally.

Lancet Glob Health 2025; 13: e585–92

*Joint last authors

Saw Swee Hock School of Public Health, National University of Singapore, Singapore (A Rahman-Shepherd MSc, A Berman PhD, H Legido-Quigley PhD, L Y Hsu MPH); **Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa** (N Aghogho Evaborhene MSc); **Asia Centre for Health Security, Singapore** (A Berman, Z J M Ho MPH, H Legido-Quigley, L Y Hsu); **Centre for International Law, National University of Singapore, Singapore** (A Berman); **Health Science Department, College of Health Professions, Pace University, New York, NY, USA** (A B Amaya DrPH); **Institute of Comparative Regional Integration Studies, United Nations University, Bruges, Belgium** (A B Amaya); **Liverpool School of Tropical Medicine, Liverpool, UK** (E Boro MD); **Global Operations, UK Health Security Agency, London, UK** (O Dar MSc, O Mohamed-Ahmed MSc); **Interim Communicable Diseases Agency, Ministry of Health, Singapore** (Z J M Ho); **School of Politics and International Studies, University of Leeds, Leeds, UK** (A-S Jung PhD); **Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London, UK** (M Khan PhD); **Department of Pathology and Laboratory Medicine, Medical College, Aga Khan University, Karachi, Pakistan** (M Khan); **Coalition for Epidemic Preparedness Innovations, London, UK** (O Oyebanji MSc); **Yong Loo Lin School of Medicine, National University of Singapore,**

Introduction

Since the emergence of the COVID-19 pandemic, there has been a stronger and wider recognition of the value of regional cooperation, and the role that regional organisations can play in responding and adapting to public health emergencies.

The body of recommendations on reforming the global governance architecture (ie, actors, systems, capacities, and mechanisms) for health emergencies, from both high-level reports and recent literature from the COVID-19 pandemic, underscore the need for regional capabilities to counter the risks of future pandemics.[1–4] In 2023, the Independent Panel for Pandemic Preparedness and Response released a roadmap of reforms to better protect the world from pandemic threats.[1] The Panel recognised regions as increasingly strong political platforms with collaborative and technical capabilities, and the roadmap established a clear role for regions in managing health emergencies. The Global Preparedness Monitoring Board released a monitoring framework in 2023,[5] which includes, for the first time, indicators to track prevention, preparedness, and resilience at the regional level—an important step towards investing in regional cooperation and capabilities.

Despite this growing recognition, there is relatively little research on the role of regional organisations in global health broadly, and in public health emergencies specifically.[6] In this Health Policy, we explore this research lacuna as a group of multidisciplinary researchers with a diverse experience of geographical regions, and we aim to improve understanding of regional cooperation and the role of regional organisations in managing public health emergencies at global, regional, and national levels.

Study design and methodology

We conducted a narrative review that allowed us to adopt a subjectivist paradigm, harnessing our collective perspectives to critically engage with and synthesise relevant theories, policies, and literature on the topic.[7] Our authorship integrates perspectives from epidemiology, outbreak investigation and control, health policies and systems, global health and One Health, international relations, and international law. Although multidisciplinary, we acknowledge that our public health centricity and predominantly research backgrounds shape the interpretations and analysis presented in this Health Policy.

Wang and colleagues define regional organisations as "institutionalized forms of cooperation between three or more states based on geographical criteria, concerning more than one specific issue, with a set of primary rules and a headquarters or secretariat".[8] We adopt this definition because it recognises a region as a space in which states formally interact with one another, and a role for regional organisations in facilitating such cooperation. This definition focuses our scope on regionally owned, state-based membership organisations that are defined by geographical criteria and have a policy position on health. We thus consider regional offices of the UN or other global agencies to fall outside the scope of this definition, as their mandate is shaped by global governance processes beyond the region itself. Although these criteria align with our aim, they might overlook the importance of regional offices in managing health emergencies, as well as other regional organisations in adjacent fields, such as animal and wildlife health, climate change, and humanitarian crises.

To first establish our own views, we developed a standardised set of questions to explore the value of

Singapore (T E Pangestu PhD); **James P Grant School of Public Health, BRAC University, Dhaka, Bangladesh** (S F Rashid PhD); **International Health Regulations Strengthening Project, UK Health Security Agency, Jakarta, Indonesia** (A Razavi MPhil); **Global Health and Policy Centre, University of Southampton, Southampton, UK** (P Riggirozzi PhD); **The George Institute for Global Health, London, UK** (H Legido-Quigley); **School of Public Health, Imperial College London, London, UK** (H Legido-Quigley)

Correspondence to: Afifah Rahman-Shepherd, Saw Swee Hock School of Public Health, National University of Singapore, Singapore 117549 **afifah.rahmanshepherd@u.nus.edu**

See Online for appendix

regional cooperation and the role of regional organisations in managing public health emergencies, including which regional organisations played a key role in the COVID-19 pandemic, where regional organisations might have the greatest impact, and the major factors affecting regional cooperation and regional organisations. Based on key concepts and themes emerging from the analysis of our collective responses, we conducted the narrative review. Search terms and related terminology included "global health governance" and the governance architecture for health emergencies; "regionalism" in terms of health cooperation; and "regional organizations", and their role and contributions in public health emergencies, specifically the COVID-19 pandemic. The review was an iterative process, involving multiple cycles of searching, synthesis, and interpretation as concepts were further clarified and discussed with the research team.[7] A detailed methodology is provided in the appendix (pp 1–2).

What is the value of regional cooperation in managing public health emergencies?

Despite the COVID-19 pandemic being a common threat to all states, there was little political commitment and accountability to cooperate through global channels. Cooperation at the global level is inherently challenging given the multitude of actors involved and the complexity of issues concerning them. There are 194 member states of WHO and countless relevant non-state actors, which introduces major areas of conflict in interests and motives between high-income countries and low-income and middle-income countries, and between public and commercial partners. New global institutions and instruments proposed in the wake of the pandemic will not necessarily solve these challenges, as the processes for such cooperation are still shaped by a prevailing geopolitical hegemony and power hierarchies.[9,10] Persistent opposition, primarily from high-income countries, on key equity issues in the proposed Pandemic Agreement (eg, access to information, data, and technology during a health emergency) exhibit these dynamics clearly, delaying the negotiations.[11]

The regional level, on the other hand, could be a more conducive environment for cooperation, not only because there are fewer state and non-state actors involved, but also because common goals and problems might be more clearly defined. Many regional organisations first emerged from recognising the similarities between neighbouring states beyond their shared borders; they have shared histories, economies, cultures, language, and identities. Neighbouring states also share ecosystems that give rise to a common set of risk factors for emerging and re-emerging infectious diseases. These commonalities reduce the barriers to cooperation and enable states to pursue common goals and interests, with clear benefits in terms of leveraging collective capabilities and resources.[2,3] Cooperation is also increasingly necessary as certain issues, such as those related to health, migration, and the environment, are often intensified or shaped by regional developments and interactions.[12]

The value of regional cooperation could also be explained by the principle of subsidiarity. The global governance architecture for health emergencies is multilevel, with actors operating within and across national, regional, and global levels. The principle of subsidiarity optimises this architecture by requiring the appropriate allocation of decisional authority across levels, taking a bottom-up approach.[13] If actors at the local level are unable to solve a problem on their own, as is often the case in public health emergencies, a higher level could provide additional support. We argue that actors at the regional level are well positioned to provide such support, fostering solutions that are more contextually appropriate and adequate.[14] Regional actors are more attuned to the realities of states in their region when facing public health emergencies—they have greater familiarity and knowledge of the epidemiological dynamics, the health system capabilities among member states, and the social, economic, and political contexts.

Additionally, the value of regional cooperation could be explored through an equity lens. In trade, it has been argued that regionalism deals with fairness more effectively than multilateralism, because regional approaches can increase the negotiating power and voice of states that are typically marginalised in global multilateral processes.[15] The same might be true in health. Regional cooperation can provide the platform and mechanisms to strengthen the position of low-income and middle-income countries internationally.[2,3] In negotiating the Pandemic Agreement, for example, the Africa Centres for Disease Control and Prevention (Africa CDC), which advises African negotiators, adopted the Common Africa Position, which emphasises equity in terms of pathogen access and benefit sharing, and sustainable and geographically diversified investments in producing countermeasures.[11]

What is the role of regional organisations in managing public health emergencies?

Health was not a major focus of regional organisations until the 1990s, when there was a substantial increase in the number of regional organisations with a policy position on health.[6,8] Scholars have attributed this to the rise in socioeconomic inequalities, including health disparities, following an extensive period of globalisation and neoliberal policy regimens.[8] Public health emergencies, particularly outbreaks of emerging or re-emerging infectious diseases, have also catalysed regional efforts to facilitate health cooperation. Between 2003 and 2015, a series of outbreaks in Asia motivated the Association of Southeast Asian Nations (ASEAN) to develop regional mechanisms to prevent, prepare for, and respond to public health emergencies, such as the ASEAN Emergency Operations Centre Network.

Similarly, in the wake of the Ebola virus outbreaks in west Africa in 2014, the African Union established the Africa CDC.

The ways in which regional organisations have responded to gaps in the global response to the COVID-19 pandemic signals a shift in leadership, ownership, and decision making for health emergencies.[16] When the COVID-19 Vaccines Global Access (COVAX) Facility did not provide equitable and timely access to COVID-19 vaccines worldwide, several regional organisations provided support for member states. In August, 2020, the African Union established the African Vaccine Acquisition Task Team with the goal of coordinating vaccine access and financing for the continent, working with both the COVAX Facility and directly with vaccine manufacturers. The Caribbean Public Health Agency (CARPHA) mobilised funds to assist seven member states with the downpayment required to participate in the COVAX Facility, coordinating with the EU and PanAmerican Health Organization. In southeast Asia, ASEAN finalised their Vaccine Security and Self-Reliance initiative, accelerating progress towards regional procurement and stockpiling of vaccines. By mobilising to close these gaps in the global response, regional organisations showed that they had a role in managing health emergencies, and in leveraging political, financial, and technical resources to address regional needs and priorities.

How the COVID-19 pandemic will reshape the global governance architecture for health emergencies is not yet clear, but it has triggered the expansion of regional spaces for health cooperation. Since the pandemic, the Gulf Cooperation Council established the Gulf CDC; the EU established the Health Emergency Preparedness and Response Authority; ASEAN announced the Centre for Public Health Emergencies and Emerging Diseases; and the African Union elevated the Africa CDC to an autonomous public health agency. In 2024, there were also calls to establish a Latin American CDC to facilitate greater regional cooperation and to work towards a more resilient regional health infrastructure.[4] These shifts support the view that the region (and regional organisations in particular) provides a policy space that can compensate or challenge some aspect of global governance when global governance does not resolve collective problems.[15] We anticipate that regional organisations will continue to consolidate in the wake of the pandemic, offering states a solution to managing complex, transnational crises in the absence of effective and equitable global multilateral cooperation.[9,15]

Where could regional organisations have the greatest impact in managing public health emergencies?

To optimise the multilevel system of governance for health emergencies, clear roles and responsibilities should be delineated across geographical levels to leverage their comparative advantages. We propose a set of capabilities that regional organisations could strengthen to further improve their role at the regional level, as well as across levels. Examples of regional organisations operationalising these capabilities are presented in the panel.

Regional organisations provide a space for states to convene, establish priorities for collective action, and to formulate regional strategies, frameworks, and mechanisms that address their common needs. Many regional organisations are defined by more than one issue and are thus able to convene representatives from different sectors of government in cross-sectoral forums. Channels for communication and coordination among states, as well as with key regional and international partners, are essential. Regional organisations also provide a bridge between the global and national levels, facilitating interlevel cooperation and partnerships, as well as contextualising global policies or guidelines at the regional level.[7] Regional organisations often have a stronger understanding of the level of resource availability among their member states and the implementation approaches that would be acceptable in their context compared with global organisations, and can thus coordinate political, financial, and technical support accordingly.

Regional organisations could play a greater role in establishing common legal and technical infrastructure to harmonise and standardise surveillance across countries, and become a hub for states to share and access information, knowledge, expertise, and best practices within the region. However, there are several challenges to building cross-border surveillance systems, such as the absence of a legal framework to enable cross-border data sharing, the rapid authorisation required to share time-sensitive information, concerns surrounding data security and privacy, interoperability of existing surveillance and information technology systems, and the lack of trust between different partners.[3] Although mechanisms, such as the Africa CDC's Regional Integrated Surveillance and Laboratory Network and the ASEAN Emergency Operations Centre Network, highlight the potential to regionalise surveillance capabilities, the extent to which they have encountered (and overcome) these challenges is unclear.

Regional organisations could also consider pooling, sharing, and coordinating deployment of specialised human resource capabilities within the region, particularly as many regional blocs already have provisions for the free movement of people. Regional organisations are well equipped to understand and navigate the epidemiological context of an outbreak and the affected communities. Regional organisations can thus develop the necessary agreements and protocols to institutionalise these teams at a regional level.

Regional organisations are particularly well positioned to manage pooled procurement mechanisms, and thus,

Panel: **Examples of regional organisations operationalising key capabilities in response to the COVID-19 pandemic**

Convening partners and contextualising policy

- The Africa Centres for Disease Control and Prevention (Africa CDC) convened an emergency meeting of all health ministers on Feb 22, 2020. At the meeting, the Africa Task Force for Coronavirus was formed with six work streams: laboratory diagnosis and subtyping, surveillance, infection prevention and control, clinical management, risk communication, and supply-chain management and stockpiles. A continent-wide strategy on COVID-19 was also endorsed.
- The Caribbean Public Health Agency (CARPHA) issued over 50 technical documents in 2020, contextualising COVID-19 guidelines to regional priorities and concerns, including reopening tourism and travel, hospitality and hotel worker preparedness, domestic worker safety, emergency shelter management, and information for faith-based organisations.

Harmonising surveillance systems and becoming a hub for information sharing

- The Association of Southeast Asian Nations (ASEAN) Emergency Operations Centre Network facilitates information sharing between public health emergency operations centres in member states. During the pandemic, the Network provided regional surveillance, including early risk assessment, real-time information sharing, and communication with senior officials and partners of the ASEAN Health Division.
- In 2021, the European Centre for Disease Prevention and Control integrated several existing surveillance systems to launch EpiPulse as an online portal to collect, analyse, share, and discuss data for threat detection, monitoring, risk assessment, and outbreak response.
- Since 2022, CARPHA has been working towards a unified system that will support integration of real-time digital surveillance systems in the Caribbean region. The objective is to standardise, store, and make data available to member states to enhance risk assessment, monitoring, prevention, and control of public health threats.

Pooling, sharing, and coordinating the deployment of specialised teams

- The Economic Community of West African States has conducted several cross-border, One Health simulation exercises; and has established official agreements, protocols, and standard operating procedures to deploy outbreak response capacities and specialised human resources from one country to another.
- The African Field Epidemiology Network has signed an agreement with the Africa CDC, and the Eastern Mediterranean Public Health Network has signed an agreement with the WHO Regional Office for the Eastern Mediterranean to jointly strengthen the regional public health workforce.
- The Community of Latin American and Caribbean States (CELAC) released their Work Plan 2021 that contains a Regional Health Strategy Against COVID-19, which includes consolidating the CELAC Network of Specialists in Infectious Agents and Emerging and Re-emerging Diseases.

Pooled purchasing and procurement

- The Central American Integration System and the Caribbean Community adopted joint drug negotiation mechanisms and mobilised regional funds for emergency financial support and the purchase of supplies and diagnostics tests.
- The African Union launched the Africa Medical Supplies Platform (AMSP) in 2020, providing its member states, non-government organisations, and health-care providers with direct access to over 1000 COVID-19-related supplies. AMSP aggregated orders, allowing smaller countries (eg, Cabo Verde) to pay the same price for supplies as larger countries (eg, Nigeria).

Research and development hubs

- The EU Health Emergency Preparedness and Response Authority and the European Medicines Agency launched the VACCELERATE clinical trials network across Europe to coordinate mid-sized to large-sized clinical trials for vaccine development. The network involves 18 member states and five associated countries, and has a budget of €12 million awarded by the EU.
- The treaty establishing the African Medicines Agency was adopted in 2019 and has since been ratified by 37 African Union member states. The goal of the Agency is to harmonise and streamline regulatory processes across the continent. Key functions will include marketing authorisation, joint assessments, market surveillance, and oversight of clinical trials.
- In 2021, Community of Latin American and Caribbean States developed the Comprehensive Health Self-Sufficiency Plan to strengthen capabilities for producing and distributing vaccines and medicines in the region, including regulatory alignment and a regional platform for clinical trials.

were able to negotiate more favourable purchasing agreements on behalf of their regions during the COVID-19 pandemic. For example, the UK (US$19·20 per dose) and the USA ($19·50 per dose) reportedly paid more per dose of the Pfizer–BioNTech vaccine than the EU ($14·70 per dose).[17,18] Importantly, pooled procurement can often increase the negotiating power of smaller or less well resourced countries by aggregating demand, thereby driving down costs.[2] For example, the African Union reportedly paid $6·75 per dose of the Pfizer–BioNTech vaccine.[19] However, for high-income countries that secured bilateral procurement deals, they also secured their place in the vaccine queue, and these deals often prohibited exporting or even donating vaccines without the manufacturer's permission. By November, 2020, high-income countries representing

less than 14% of the world's population had secured more than 50% of the first 7·5 billion doses of COVID-19 vaccines from 13 manufacturers.[20] Therefore, regionalising pooled procurement alone might be insufficient to disrupt the global political and economic order that entrenches inequitable access to health technologies, and regional organisations will need to realise their potential role in navigating these complex geopolitical landscapes.

To achieve more equitable outcomes in the next pandemic, regional capacity building in research and development, including technology and know-how transfer, must be prioritised. During the COVID-19 pandemic, mechanisms such as compulsory licensing under the Agreement on Trade-Related Aspects of Intellectual Property Rights and the COVID-19 Technology Access Pool largely failed to secure patent waivers and technology transfer.[20] The current system of producing health technologies, which is driven and protected by pharmaceutical monopolies and a handful of powerful, high-income countries that reinforce a global intellectual property regimen, is deeply inequitable.[20] Regional organisations, particularly those formed by states in Latin America, Africa, and Asia, can play a vital role in establishing research and development hubs, as well as providing the necessary governance, financial, and technical infrastructure, to reduce dependencies on the current system.[21] Such infrastructure could include exploring market protection policies, creating agreements for material and technology transfers, strengthening supply chains and manufacturing capabilities, establishing regulatory standards and approval processes, and supporting social science research alongside clinical and biomedical research.

What are the factors affecting regional cooperation and regional organisations?

We identified several factors that might affect regional cooperation and the functioning of regional organisations, which can act as either an enabler or barrier depending on the circumstances. We have developed a conceptual framework in the figure to visualise these factors.

Global and regional power relations

The current geopolitical context at global and regional levels can substantially hamper cooperation. The withdrawal of Argentina from regional trade negotiations and the downplaying of the pandemic by President Bolsonaro in Brazil fractured regional solidarity, limiting the ability of the Southern Common Market (ie, Mercosur) to coordinate a regional response to the COVID-19 pandemic.[22] In south Asia, although the pandemic reinvigorated the South Asian Association for Regional Cooperation (SAARC) and led to the creation of the SAARC COVID-19 Emergency Fund, India's dominance in the south Asian region and hostilities between India and Pakistan prevented more substantial cooperation.[23] These examples illustrate a few inter-related barriers. First, the effect of destabilising or dominant states on the functioning of regional organisations (similar to the global geopolitical hegemony that regional organisations need to navigate, the same can be true at a regional level); second, insufficient political will and trust among member states to participate in and sustain regional cooperation mechanisms, whether on health or other issues; and third, the limited value that states might place in regional organisations to effectively manage collective problems.

Real or perceived competition between different actors for decisional authority and resources at a regional level, particularly given the finite and often insufficient financing for health emergencies, could also affect cooperation. For instance, when the African Union sought to expand Africa CDC's mandate to declare a public health emergency of continental security, this was met with reluctance from the WHO Regional Office for Africa. The Regional Office was concerned by the deviation from the International Health Regulations (2005), and the confusion and duplication of declaring public health emergencies of international concern by multiple agencies.[24] The implications of declaring public health emergencies at a regional level are explored further in the appendix (p 3). Competition might also be exacerbated by the many regional organisations that exist, often with overlapping mandates and membership. For example, in Africa alone, there are two regional public health organisations and two WHO regional offices; at least eight regional economic communities; one regional development bank and at least four subregional development banks; and numerous non-state regional organisations, networks, and initiatives. The proliferation of regional actors poses a considerable coordination challenge, and risks fragmenting the regional architecture for managing health emergencies.

Industry opposition to the first mRNA vaccine technology transfer hub in South Africa also illustrates the potential competition for decisional authority and resources from non-state actors at regional (and subregional) levels. A consultancy company hired by BioNTech recommended for the hub to be immediately terminated.[25] The hub at Afrigen went on to successfully develop a COVID-19 vaccine by use of publicly available data in the Medicines Patent Pool, and shared this know-how with 15 low-income and middle-income countries in a concerted effort to strengthen research and development and manufacturing capabilities in other regions.

Equitable partnership building

Partnerships can be a way to unlock financial and technical resources that can be pooled and efficiently distributed across a region. To secure COVID-19 vaccines for the continent, the African Vaccine Acquisition Task

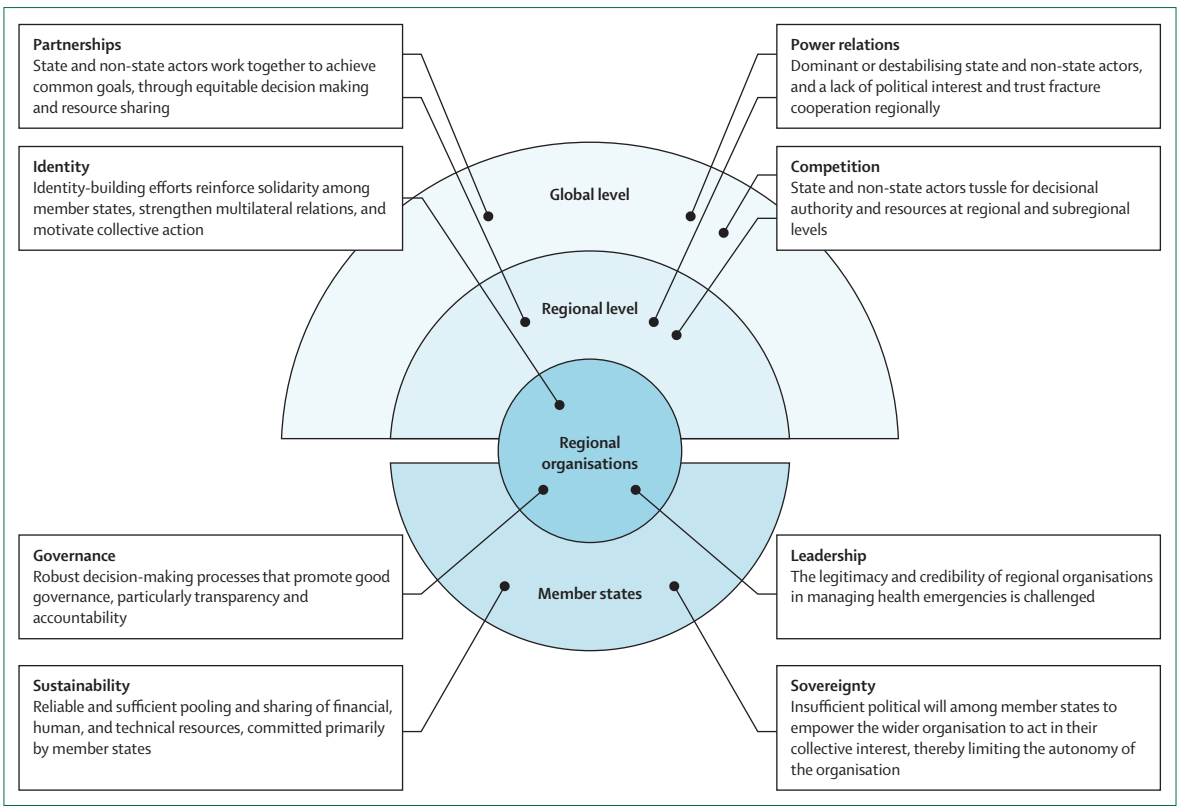


Figure: **A conceptual framework of factors affecting regional cooperation**

Team brought together the Africa CDC, the African Export–Import Bank, the Africa Medical Supplies Platform, the UN Economic Commission for Africa, the World Bank, and UNICEF to sign an advanced procurement agreement with Johnson & Johnson for 220 million COVID-19 vaccines. This agreement marked the first time that African Union member states collectively purchased vaccines. Regional organisations are well positioned to bring together state and non-state actors within the regional level, as well as across levels, to achieve common goals through equitable decision making and resource sharing. Regional organisations are also well positioned to explore opportunities for inter-regional cooperation as a mechanism to negotiate greater regional representation in global governance processes.

Organisational leadership and governance

Although the regional space for cooperation on public health emergencies is expanding, this is still a relatively new space for most regional organisations and questions of legitimacy and credibility might surface. Do states see regional organisations as legitimate stewards and a credible authority in managing public health emergencies? Additionally, do global actors see regional organisations as legitimate and credible counterparts? Establishing robust leadership structures that promote good governance, such as minimum requirements for leadership positions, term limits, transparent election processes, and appropriate oversight mechanisms, will be crucial for regional organisations to be seen as a valid and trustworthy vehicle for cooperation at regional, as well as global levels.[26]

Regional organisations often construct a regional identity that reinforces a sense of solidarity among states. During the COVID-19 pandemic, the EU referred to a Team Europe approach based on joint priorities, joint financial packages, support for global preparedness, and support for global coordination and multilateralism. The Team Europe approach, in many ways, promoted European integration on broader development policies and positioned the EU as a key global health actor with substantial political and financial resources. The Africa CDC also called for a New Public Health Order in which "Africa must stand up, Africa must unite, and Africa must put in place the necessary systems for it to safeguard the health of its people".[27] This call resonates with some of the norms of Pan-Africanism, which was crucial in the unification of African populations against colonialism, and has been instrumental in mobilising political, financial, and technical support from member states, as well as other regional and international partners. Regional identity building and evoking a so-called we feeling, particularly during cross-border crises, can be a powerful motivator of collective action.[28]

The ability of a regional organisation to act independently in the collective interest of its member states is determined by the member states themselves, and their willingness to empower the wider organisation. Hence, the extent to which an organisation can effectively manage public health emergencies in the region varies, depending on how representative an organisation is of the region itself, its internal governance arrangements, and cooperation norms that member states themselves agree to.

Sustainable financing

Many regional organisations, networks, and initiatives across Latin America, Africa, and Asia are externally funded. Among the top sources of funding for the Africa CDC, for example, are the governments of the USA and China, the World Bank, the EU, Gates Foundation, and the MasterCard Foundation. Funding from donors tends to prioritise investments in infectious diseases without meaningfully engaging recipients as partners to understand their health priorities and address broader health system needs.[29] Although regional organisations do receive contributions from member states, these contributions should be sufficient and sustainable to reduce external dependencies and support regional ownership.[2] In the case of operationalising the ASEAN Centre for Public Health Emergencies and Emerging Diseases, for example, although the governments of Japan and Australia have already pledged a total of US$65 million, it is yet unclear what resources ASEAN member states will contribute to sustain their operations.[30]

Many of the financing-related recommendations from the COVID-19 pandemic have advocated for stronger links with regional development banks. Just 9 days after WHO declared COVID-19 a pandemic, the African Export–Import Bank launched the Pandemic Trade Impact Mitigation Facility to help prevent trade debt payment defaults for member states, and to ensure the continuation of trade under emergency conditions. The Development Bank of Latin America surpassed the World Bank as the leading provider of COVID-19 financing in the region. Regional organisations could improve cooperation with regional (and subregional) development banks to consolidate and coordinate financing for pandemic prevention, preparedness, and response, especially for surge response. For example, with funding from the Pandemic Fund, CARPHA partnered with the Inter-American Development Bank to strengthen integrated early warning surveillance, laboratory systems, and workforce development. Although there were other multicountry proposals awarded, this was the only proposal submitted by a regional public health organisation.

Recommendations for regional organisations

From our synthesis, we propose three recommendations for regional organisations. First, to convene and coordinate equitable partnerships that enhance cooperation at a regional level, as well as across levels. Partnerships should engage both state and non-state actors, harnessing their respective capabilities and resources towards achieving common goals. Partnerships that bridge levels could also enable regional organisations to improve integration of regional architecture into the global architecture for managing health emergencies. Building longer-term relationships hinged on mutual respect and trust should be a priority for maintaining relations in peacetime that are also ready to mobilise in an emergency.

Second, to construct a regional identity and facilitate identity-building efforts that reinforce a sense of solidarity among member states. This recommendation should foster more cohesive and resilient multilateral relations that, during a health emergency, could provide a buffer against larger geopolitical tensions at regional or global levels.

Third, to establish robust decision-making processes, with clear duties assigned to member states, that underpin the organisation's leadership and adhere to the principles of good governance, particularly transparency and accountability. Regional organisations can therefore show their legitimacy and credibility as both platforms and partners for cooperation in health emergencies, which are necessary if regional organisations are to seek more reliable and sustainable resourcing (eg, financial, human, and technical) from their member states and partners.

Although these recommendations seek to consolidate the major enablers of regional cooperation, they do not necessarily mitigate potential barriers. For instance, establishing robust decision-making processes that are embedded in transparent and accountable governance does not guarantee that member states mandate an organisation with greater autonomy. Regional organisations will need to navigate the dynamics of enablers and barriers of regional cooperation in their respective contexts. We also recognise the dearth of literature empirically evaluating regional cooperation and the role of regional organisations in managing health emergencies. As this body of literature grows and is contributed to by regional organisations themselves, so too should the recommendations to guide and inform their operations.

Conclusion

Managing public health emergencies when and where they occur, and more equitably and effectively than before the pandemic, requires a more agile system of decision making and increased investment in regional preparedness and response infrastructure. Regional spaces are expanding, but the challenge will be how these spaces are integrated into the global architecture for health emergencies to optimise a multilevel system of governance. Alongside the recommendations we propose

in this Health Policy, there is a need to empirically evaluate the role of regional organisations in managing public health emergencies and to generate a robust evidence base that regional organisations, their member states, and their regional and international partners can operationalise. Although there are important barriers to address, strengthening regional cooperation and developing regional capabilities can achieve a level of self-sufficiency and resilience whereby regions are fully capable of managing health emergencies in ways that are responsive, practicable, effective, and sustainable in their contexts.

Contributors

AR-S conceptualised and designed the study, including the development of a standardised set of questions for data collection; handled data curation and formal analysis of the complete dataset; and wrote the outline and original draft of the manuscript, and edited the manuscript. HL-Q reviewed the study design and dataset. HL-Q and NAE reviewed the outline of the manuscript. NAE, AB, ABA, EB, OD, ZJMH, A-SJ, MK, OM-A, OO, TEP, SFR, HL-Q, and LYH responded in writing to the questions. All authors reviewed the manuscript and approved the final draft before submission.

Declaration of interests

AR is employed by the UK Health Security Agency, which engages with regional organisations, such as the Association of Southeast Nations and the Africa Centers for Disease Control and Prevention. AR-S declares support for the article processing charge from a grant held by LYH, hosted at the Saw Swee Hock School of Public Health, National University of Singapore, Singapore. All other authors declare no competing interests.

References

1 Johnson Sirleaf E, Clark H. A road map for a world protected from pandemic threats. May, 2023. https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2023/05/Final-Road-Map-Report_May-2023_Interactive.pdf (accessed July 22, 2024).

2 Amaya AB, De Lombaerde P. Regional cooperation is essential to combatting health emergencies in the Global South. *Global Health* 2021; **17:** 1–6.

3 Elnaiem A, Mohamed-Ahmed O, Zumla A, et al. Global and regional governance of One Health and implications for global health security. *Lancet* 2023; 401, 688–704.

4 Garcia PJ, Saavedra J, Espinoza-Pajuelo L, et al. Why Latin America needs a regional Centre for Disease Control and Prevention. *Lancet* 2024; **403:** 2763–65.

5 Global Preparedness Monitoring Board. Monitoring Framework for Preparedness. May 4, 2023. https://www.gpmb.org/reports/m/item/gpmb-monitoring-framework-full (accessed July 22, 2024).

6 Nikogosian H. Regional integration, health policy and global health. *Glob Policy* 2020; **11:** 508–14.

7 Sukhera J. Narrative reviews: flexible, rigorous, and practical. *J Grad Med Educ* 2022; **14:** 414.

8 Wang Z, Liang Z, Dong X, et al. Health policy competencies in regional organizations: a retrospective analysis for 76 regional organizations from 1945 to 2015. *Global Health* 2024; **20:** 1–14.

9 Wenham C. Creating more and more new institutions may not make the world safer from pandemics. *PLOS Glob Public Health* 2023; **3:** e0001921.

10 Hirsch LA. Is it possible to decolonise global health institutions? *Lancet* 2021; **397:** 189–90.

11 Ndembi N, Dereje N, Rahman FA, et al. The pandemic agreement: achieving an African win for health security inequity. *J Public Health Afr* 2024; **15:** 618.

12 Riggirozzi P, Ryan M. The credibility of regional policymaking: insights from South America. *Globalizations* 2022; **19:** 604–19.

13 De Campos-Rudinsky, TC, Canales M. Global health governance and the principle of subsidiarity: in defense of a robust decentralization approach. *Int J Const Law* 2022; **20:** 177–203.

14 de Campos-Rudinsky TC, Bosha SL, Wainstock D, Sekalala S, Venkatapuram S, Atuire CA. Decolonising global health: why the new Pandemic Agreement should have included the principle of subsidiarity. *Lancet Glob Health* 2024; **12:** e1200–03.

15 Hettne B, Söderbaum F. Regional cooperation: a tool for addressing regional and global challenges. In: International Task Force on Global Public Goods, Zedillo Ponce de León E, Thiam T, Amoako KY, eds. Meeting global challenges: international cooperation in the national interest. International Task Force on Global Public Goods, 2006: 179–244.

16 Ndembi N, Folyan MO, Ngongo N, et al. Mpox outbreaks in Africa constitute a public health emergency of continental security. *Lancet Glob Health* 2024; **10:** e1577–79.

17 Guzman J, Hafner T, Maiga LA, Giedion U. COVID-19 vaccines pricing policy options for low-income and middle-income countries. *BMJ Glob Health* 2021; **6:** 5347.

18 Dyer O. Covid-19: countries are learning what others paid for vaccines. *BMJ* 2021; **372:** n281.

19 Dyer O. Covid-19: drug companies charged South Africa high prices for vaccines, contracts reveal. *BMJ* 2023; **382:** 2112.

20 Gleeson D, Townsend B, Tenni BF, Phillips T. Global inequities in access to COVID-19 health products and technologies: a political economy analysis. *Health Place* 2023; **83:** 103051.

21 Torreele E, Wolfe D, Kazatchkine M, et al. From private incentives to public health need: rethinking research and development for pandemic preparedness. *Lancet Glob Health* 2023; **11:** e1658–66.

22 da Silva Nogueira de Melo, D, Papageorgiou M. Regionalism on the run: ASEAN, EU, AU and MERCOSUR responses amid the Covid-19 crisis. *Partecipazione e Conflitto* 2021; **14:** 57–78.

23 Adhikari M. Promises and perils of regional response to Covid-19 in Asia. April 6, 2022. https://peacerep.org/publication/promises-and-perils-of-regional-response-to-covid-19-in-asia/ (accessed July 22, 2024).

24 Adepoju P. The fuss over who should declare public health emergencies in Africa. Health Policy Watch, June 20, 2022. https://healthpolicy-watch.news/public-health-emergencies-in-africa/ (accessed July 22, 2024).

25 Paremoer L, Pollock A. "A passion to change the landscape and drive a renaissance": the mRNA Hub at Afrigen as decolonial aspiration. *Front Public Health* 2022; **10:** 1065993.

26 Buse K, Kwang-wen Lin V, Siddiqi S, Clark H. Reforming the WHO regional director elections: an opportunity to restore trust. *BMJ* 2024; **384:** q167.

27 Machingaidze S, Elsamani L, Binagwaho A, et al. A united call for new public health order for Africa: the inaugural International Conference on Public Health in Africa (CPHIA 2021). *J Public Health Afr* 2023; **14:** 2702.

28 Davies SE, Wenham C. Why the COVID-19 response needs international relations. *Int Aff* 2020; **96:** 1227–51.

29 Olusanya JO, Ubogu OI, Njokanma FO, Olusanya BO. Transforming global health through equity-driven funding. *Nat Med* 2021; **27:** 1136–38.

30 Teerawattananon Y, Dabak SV, Isaranuwatchai W, et al. What can we learn from others to develop a regional centre for infectious diseases in ASEAN?; comment on "Operationalising regional cooperation for infectious disease control: a scoping review of regional disease control bodies and networks". *Int J Health Policy Manag* 2022; **11:** 3141–44.

Copyright © 2025 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.