

Building Resilient Global Health: Equity and One Health

Fatima Osman*

Department of Epidemiology, University of Khartoum, Khartoum, Sudan

Introduction

The COVID-19 pandemic highlighted profound fragilities in global health security, revealing systemic failures in surveillance, early warning, and coordinated response mechanisms. It underscored the critical need for robust international frameworks, equitable resource distribution, and stronger national health systems to prevent, detect, and respond to future outbreaks, moving beyond reactive measures to proactive preparedness [1].

Building a resilient global health security architecture requires a multi-faceted approach, emphasizing prevention, preparedness, and rapid response. This means strengthening the International Health Regulations, investing in core public health capacities in all countries, and establishing a fair and agile financing mechanism for emergencies. Effective governance and political commitment are essential to ensure these components work together seamlessly [2].

The 'One Health' approach is fundamental to global health security, recognizing the intrinsic connection between human, animal, and environmental health. Effectively addressing zoonotic disease threats and antimicrobial resistance demands interdisciplinary collaboration, integrated surveillance systems, and coordinated policies across public health, veterinary medicine, and environmental sectors, shifting from siloed efforts to a holistic strategy [3].

Achieving equitable access to vaccines is a cornerstone of global health security, a lesson painfully learned during the COVID-19 pandemic. Overcoming disparities requires addressing market failures, intellectual property barriers, and distribution challenges. International cooperation, transparent allocation mechanisms, and local manufacturing capacity are vital for ensuring that life-saving tools reach everyone, everywhere [4].

The World Health Organization (WHO) is crucial for global health security, particularly its role in setting norms, coordinating responses, and supporting countries. Strengthening the WHO means empowering it with sustainable funding, greater authority, and reformed governance to effectively implement the International Health Regulations and lead global efforts against health threats [5].

Climate change poses an escalating and complex threat to global health security. It exacerbates existing health challenges and introduces new ones, from increasing the frequency and intensity of extreme weather events to altering disease vectors and compromising food and water security. Addressing this demands integrated strategies that prioritize climate adaptation, mitigation, and resilience within health systems [6].

Sustainable and equitable financing is a major challenge for global health security. The COVID-19 pandemic exposed significant underinvestment in preparedness and response, leading to costly and chaotic reactions. Filling these funding gaps

requires innovative financial mechanisms, predictable funding streams, and global solidarity to ensure all countries have the necessary resources to protect their populations [7].

Digital health technologies offer immense potential to bolster global health security, from enhancing surveillance and early warning systems to facilitating rapid data sharing and telemedicine. However, realizing this potential depends on robust interoperability, strong data governance, and addressing the digital divide, ensuring these tools are accessible and ethically deployed worldwide [8].

Geopolitics significantly shapes global health security, influencing international cooperation, resource allocation, and policy responses to health crises. Acknowledging and navigating these power dynamics is essential for effective global health governance. Moving forward, a more inclusive and cooperative multilateral approach, rather than nationalistic tendencies, will be critical for collective security [9].

Community engagement is a vital, yet often overlooked, component of global health security. Building trust, ensuring transparent communication, and empowering local communities to participate in preparedness and response efforts are crucial. Experiences from recent pandemics demonstrate that public buy-in and locally tailored interventions significantly enhance the effectiveness and sustainability of public health measures [10].

Description

The COVID-19 pandemic revealed profound fragilities in global health security, exposing systemic failures in surveillance, early warning, and coordinated response. This experience underscored the critical need for robust international frameworks, equitable resource distribution, and stronger national health systems to proactively prevent, detect, and respond to future outbreaks, moving beyond reactive measures [1]. Building a resilient global health security architecture demands a multi-faceted approach, emphasizing prevention, preparedness, and rapid response. This means strengthening International Health Regulations, investing in core public health capacities globally, and establishing agile financing for emergencies. Effective governance and political commitment are vital to ensure these components work together seamlessly [2].

The 'One Health' approach is fundamental to global health security, recognizing the intrinsic connection between human, animal, and environmental health. Effectively addressing zoonotic disease threats and antimicrobial resistance requires interdisciplinary collaboration, integrated surveillance systems, and coordinated policies across public health, veterinary medicine, and environmental sectors, shifting from siloed efforts to a holistic strategy [3]. Achieving equitable access to vaccines is

a cornerstone of global health security, a painful lesson from the COVID-19 pandemic. Overcoming disparities requires addressing market failures, intellectual property barriers, and distribution challenges. International cooperation, transparent allocation, and local manufacturing capacity are vital for ensuring life-saving tools reach everyone, everywhere [4].

The World Health Organization (WHO) is crucial for global health security, particularly its role in setting norms, coordinating responses, and supporting countries. Strengthening WHO means empowering it with sustainable funding, greater authority, and reformed governance to effectively implement the International Health Regulations and lead global efforts against health threats [5]. Sustainable and equitable financing is a major challenge. The COVID-19 pandemic exposed significant underinvestment in preparedness and response, leading to costly and chaotic reactions. Filling these funding gaps requires innovative financial mechanisms, predictable funding streams, and global solidarity to ensure all countries have the necessary resources to protect their populations [7].

Climate change poses an escalating and complex threat to global health security. It exacerbates existing health challenges and introduces new ones, from increasing extreme weather events to altering disease vectors and compromising food and water security. Addressing this demands integrated strategies that prioritize climate adaptation, mitigation, and resilience within health systems [6]. Digital health technologies offer immense potential to bolster global health security, from enhancing surveillance and early warning systems to facilitating rapid data sharing and telemedicine. However, realizing this potential depends on robust interoperability, strong data governance, and addressing the digital divide, ensuring these tools are accessible and ethically deployed worldwide [8].

Geopolitics significantly shapes global health security, influencing international cooperation, resource allocation, and policy responses to health crises. Acknowledging and navigating these power dynamics is essential for effective global health governance. Moving forward, a more inclusive and cooperative multilateral approach, rather than nationalistic tendencies, will be critical for collective security [9]. Community engagement is a vital, yet often overlooked, component of global health security. Building trust, ensuring transparent communication, and empowering local communities to participate in preparedness and response efforts are crucial. Experiences from recent pandemics demonstrate that public buy-in and locally tailored interventions significantly enhance the effectiveness and sustainability of public health measures [10].

Conclusion

The COVID-19 pandemic underscored profound fragilities in global health security, revealing systemic failures and the critical need for robust international frameworks, equitable resource distribution, and stronger national health systems. Building a resilient architecture emphasizes prevention, preparedness, and rapid response, requiring strengthened International Health Regulations and agile financing. The 'One Health' approach, connecting human, animal, and environmental health, is fundamental for addressing zoonotic threats and antimicrobial resistance through interdisciplinary collaboration. Equitable vaccine access is paramount, demanding solutions to market failures, intellectual property barriers, and distribution challenges. Strengthening the World Health Organization (WHO) with sustainable funding and reformed governance is crucial. Sustainable financing remains a significant hurdle, necessitating innovative mechanisms and global solidarity. Climate change presents an escalating threat, requiring integrated adaptation strategies. Digital health technologies offer potential for enhanced surveillance and data sharing, provided interoperability and ethical de-

ployment are ensured. Geopolitics profoundly influences global health responses, calling for inclusive multilateralism, while community engagement is vital for building trust and ensuring effective local participation in preparedness.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Devi Sridhar, David L Heymann, Mark G Basset. "The COVID-19 pandemic: drivers of an unprecedented health crisis and implications for global health security." *The Lancet* 396 (2020):874-882.
2. Lawrence O Gostin, Rebecca H Katz, Eric A Friedman. "Building a Stronger Global Health Security Architecture: A Path to Prevention, Preparedness, and Response." *Milbank Quarterly* 101 (2023):110-155.
3. Casey M Barton Behraves, Jessica R. C. Johnson, Catherine M. Brown. "One Health for Global Health Security: From Prevention to Preparedness." *Annual Review of Public Health* 42 (2021):301-316.
4. Suerie Moon, Sophie Hermann, Devi Sridhar. "Achieving equitable access to vaccines for global health security: learning from COVID-19." *The BMJ* 377 (2022):e069503.
5. Michael J Ryan, Mike Catton, Soumya Swaminathan. "Strengthening the WHO's central role in global health security." *The Lancet Global Health* 9 (2021):e1057-e1058.
6. Aaron Bernstein, Eric Chivian, Mona L Shah. "Climate change and global health security: emerging threats and future challenges." *BMJ Global Health* 8 (2023):e010374.
7. Sanjeev Sridharan, Ashish K Jha, Devi Sridhar. "Financing global health security: Addressing the gaps revealed by COVID-19." *The Lancet Global Health* 10 (2022):e16-e17.
8. Purnima K. Adlakha, Soumya Swaminathan, Peter Salama. "Digital Health for Global Health Security: The Critical Role of Interoperability and Governance." *Journal of Public Health Policy* 42 (2021):588-597.
9. Ilona Kickbusch, Suerie Moon, Lawrence O Gostin. "Geopolitics and global health security: a new era of challenges and opportunities." *The Lancet* 396 (2020):900-901.
10. Heidi J. Larson, Devi Sridhar, Lawrence O Gostin. "Community engagement for global health security: lessons from COVID-19 and beyond." *The Lancet Global Health* 10 (2022):e606-e607.

How to cite this article: Osman, Fatima. "Building Resilient Global Health: Equity and One Health." *International Journal of Public Health and Safety* 10 (2025):457.

***Address for Correspondence:** Fatima, Osman, Department of Epidemiology, University of Khartoum, Khartoum, Sudan, E-mail: fatima@osman.sd

Copyright: © 2025 Osman F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 01-Jul-2025, Manuscript No. IJPHS-25-175337; **Editor assigned:** 03-Jul-2025, PreQC No. P-175337; **Reviewed:** 17-Jul-2025, QC No. Q-175337; **Revised:** 22-Jul-2025, Manuscript No. R-175337; **Published:** 29-Jul-2025, DOI: 10.37421/2736-6189.2025.10.457
