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## No Country Can Cruise Past Collective Responsibility: The Hantavirus Outbreak

By Dr. Viviana Munoz Tellez

The hantavirus outbreak aboard the MV Hondius is a vivid reminder of why global health cooperation matters. It is one of many simultaneous outbreaks WHO is responding to, at a time the broader architecture of global health is under growing strain. The WHO faces deep funding shortfalls as some governments retreat from multilateralism. Despite International Health Regulations strengthened in response to COVID-19 and a newly adopted Pandemic Agreement, the system for pathogen access and benefit sharing that it must contain remains unfinished. Every country's health security depends on global collaboration and solidarity.

*L'épidémie d'hantavirus qui s'est déclarée à bord du MV Hondius nous rappelle de manière frappante pourquoi la coopération sanitaire mondiale est essentielle. Il s'agit de l'une des nombreuses épidémies simultanées auxquelles l'OMS doit faire face, à un moment où l'architecture globale de la santé mondiale est soumise à des pressions croissantes. L'OMS est confrontée à d'importants déficits de financement, car certains gouvernements tournent le dos au multilatéralisme. Malgré le renforcement du Règlement sanitaire international en réponse à la COVID-19 et l'adoption récente de l'Accord de l'OMS sur les pandémies, le système d'accès aux agents pathogènes et de partage des avantages qu'il doit inclure reste inachevé. La sécurité sanitaire de chaque pays dépend de la collaboration et de la solidarité mondiales.*

*El brote de hantavirus a bordo del MV Hondius es un recordatorio contundente de por qué la cooperación sanitaria mundial es indispensable. Se trata de uno de los múltiples brotes simultáneos a los que la OMS está respondiendo en este momento, en un contexto en el que la arquitectura más amplia de la salud global enfrenta una presión creciente. La OMS atraviesa un déficit de financiamiento significativo, agravado por el repliegue de algunos gobiernos frente al multilateralismo. A pesar del refuerzo al Reglamento Sanitario Internacional en respuesta a la COVID-19 y de la reciente adopción de un Acuerdo sobre Pandemias, el sistema de acceso a agentes patógenos y distribución de beneficios que este debe contemplar permanece inconcluso. La seguridad sanitaria de cada país depende, en última instancia, de la colaboración y la solidaridad a escala global.*

“洪迪乌斯号”游轮上的汉坦病毒疫情，清楚地提醒了我们全球卫生合作为何至关重要。这是世界卫生组织正在应对的众多同时爆发的疫情之一，而此时全球卫生体系的整体架构正面临日益加剧的压力。随着一些政府退出多边主义，世界卫生组织面临严重的资金短缺。尽管为应对新冠疫情而加强了《国际卫生条例》，并新通过了《大流行病协定》，但其中必须包含的病原体获取与惠益分享机制仍未完成。每个国家的卫生安全都取决于全球协作与团结。

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The hantavirus outbreak on the MV Hondius cruise ship has rightly drawn global attention. Many other ongoing outbreaks, affecting greater numbers of people, equally call for a dedicated response. Not only is the hantavirus causing deaths, but it may also continue to spread. Moreover, no antiviral treatment or vaccine for hantavirus infection currently exists.

To many of us in the global health field, it is also a stark example of why the World Health Organization (WHO) is irreplaceable and national health security is tied to global cooperation and solidarity. Containment and control are of the essence. This is exemplified in the current MV Hondius as well as numerous public health emergencies.

This new outbreak comes at a time when global health governance is being tested by sweeping reductions in funding for international agencies, most crucially to the WHO following the exit of the United States (US). This disinvestment, alongside deepening cuts to cuts to infectious disease research including on [hantavirus](#), health systems strengthening, and surveillance capacities, and a growing anti-vaccine movement, threatens our collective capacity to prevent, protect against, and provide a public health response to international spread of disease. As of December 2025, the Gates Foundation has become WHO's largest funder at 13.28% of total contributions, significant but not permanent, given the Foundation's planned closure in 2045 ([WHO | Programme Budget Web Portal](#)).

Hantaviruses are zoonotic viruses that naturally infect rodents and are occasionally transmitted to humans. Three cases have been confirmed of the *Andes* specific species of the hantavirus, found in South America, for which limited human-to-human transmission among contacts has been documented yet remains uncommon ([WHO Factsheet](#)).

As of 7 May, the WHO reported eight cases linked to the cruise ship, including three deaths, with five confirmed as hantavirus ([WHO press](#)). The Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus, stated on 9 May that “the current public health risk from hantavirus

remains low” ([WHO Press](#)). The WHO tracks how outbreaks evolve and revises its risk assessment as new information emerges.

The response to the hantavirus outbreak is showing that multiple country efforts, so far at least seven involved, and real time coordination with WHO lead is necessary. Dr. Tom Frieden, former US Center for Disease Control (CDC) Director, clearly [explains](#) why this is the kind of threat the US cannot handle alone and requires WHO coordination and tools, and calls on US citizens not to view this as a foreign problem.

The MV Hondius departed from a country where hantavirus is endemic and the second country to withdraw from WHO, in March 2026. To its credit, its Ministry of Health has [responded](#) by actively collaborating with international agencies to contain the outbreak and offering care for those affected, demonstrating that it understands that infectious disease control cannot be handled alone. Health sovereignty is not achieved by stepping back from global cooperation.

The WHO coordinates the response as the global international public health agency ([WHO 4 May 2026](#)), which extends to supporting governments in the implementation of the International Health Regulations (IHR). The IHR is the main international instrument for collective health security. It is also the sole global instrument of its kind to date.

The WHO, including its Director-General, has no power to compel countries to act. While the IHR creates legal obligations, implementation relies largely on the commitment of governments to shared responsibility, and there are no strong enforcement mechanisms.

After the Covid-19 pandemic, governments were able to come together and agree to amendments to the IHR in May 2024. Alongside this process, a Pandemic Agreement was negotiated, which was adopted by the World Health Assembly, the highest governance body of the WHO, in May 2025, and will be open for ratifications once negotiations on a pending issue are concluded.

A critical Annex to the Pandemic Agreement remains unfinished. Governments agreed to design a multilateral Pathogen Access and Benefit Sharing (PABS) system to facilitate the rapid sharing of pathogen samples and data, enhance access to scientific knowledge and sequencing capacities, and channel monetary contributions to support both its operation and equitable access to vaccines, treatments, and diagnostics (VTDs) during emergencies. Crucially, it would also require manufacturers of VTDs to set aside a minimum share of their real-time production for fair global distribution based on public health need. Negotiations are tense, with real risks that the final design of PABS may allow key actors to bypass commitments to advance equity. This may be the case if negotiating parties do not implement the obligations under Article 12 of the Agreement with the appropriate mechanisms, including through standard contracts for access and benefit sharing ([Munoz and Syam, 2025](#)).

That said, the pause in the PABS negotiations is a chance to reflect on how to chart the right course.

The Pandemic Agreement contains several other provisions that, if implemented ambitiously, could further advance equity. These include a financing mechanism to strengthen all countries' capacities for pandemic prevention, preparedness, and response, which will require genuine financial commitments from governments to be meaningful. Other provisions encourage governments to attach access conditions to public research funding, use procurement decisions to incentivize manufacturers to accelerate technology transfer, and build regionally distributed manufacturing capacity. But for these provisions to deliver on equity, governments must act, not just encourage. With WHO at the centre and in partnership with other global health agencies, they must be prepared to challenge the prevailing profit-driven model in the pharmaceutical industry, while recognizing and building on the example of the few manufacturers who have demonstrated that doing the right thing and commercial viability are not mutually exclusive.

Ultimately, it will remain the will of governments on how and to what extent they collaborate on global health. But their collective health security depends on

cooperation and solidarity, and WHO remains the indispensable neutral agency through which that cooperation must be built and sustained.

The hantavirus outbreak is unfolding at a moment when multilateralism and global health emergency response are under serious strain. It is far from the only one WHO is tending to. WHO simultaneously responded to 50 emergencies in 82 countries in 2025 ([WHO's work in health emergencies](#)), the vast majority never making the news, including in war-torn and humanitarian settings. Every outbreak should get the same urgency and collective responsibility and solidarity. An outbreak not contained can become a pandemic, and failing to respond is, above all, a moral failure.

The WHO can and should evolve towards a more focused mandate, greater decentralisation, stronger alignment with regional health bodies, better coordination with other global health agencies, and a resource base commensurate with its mandate. But weakening WHO is not reform.

A key lesson from this moment is that investments must be continuously made before crises hit. Preparedness requires not only funding but having in place institutions and agreements that keep governments and other key actors cooperating and acting in solidarity, even in times of geopolitical flux. That is why the WHO and its norm setting mandate exist.

It also recalls that inequality shapes outbreaks from origin to response. It determines who lives near degraded environments where spillover from animals to humans begins, and it determines which emergencies the world chooses to see. Not every outbreak carries the same potential to spread, but every affected population carries the same right to a response.

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