Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

primary question about whether lower aspirin doses (100 mg/day and 300 mg/day) are non-inferior to 600 mg/day in reducing Lynch syndrome-associated colorectal cancer incidence. Until then, CAPP2 provides a compelling rationale for broader aspirin use in most Lynch syndrome carriers with dosing and duration tailored according to individual risks and benefits.

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The WHO we want

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The 73rd World Health Assembly convened virtually in May, 2020, in a climate of international dissent. Caught in the midst of tensions between the USA and China, WHO has been the target of US President Trump's attacks and of multiple grievances.[1,2] In recent years, WHO has often been criticised for what it should have done or did not oversee, and for the political approach[3] to the agency's management by its Director-General Tedros Adhanom Ghebreyesus.

WHO is not perfect. No one would deny its limitations, dysfunctions, and bureaucratic processes.[4] However, we believe that WHO should be supported in its full mandate and its coordinating role in international health crises should be reaffirmed. The global community also needs to clarify what we can expect from this UN agency.

Never has the need for multilateralism been greater. Never have health challenges been more global.[5] The response to the COVID-19 pandemic calls for unprecedented global solidarity.[6] No nation can address this crisis in isolation, even if some governments retain the illusion they can.

In the past 20 years, multilateral cooperation helped in responding effectively to HIV/AIDS, tuberculosis, and malaria.[7] Multilateral cooperation also paved the way for large-scale vaccination campaigns in fragile settings.[8] Many low-income and middle-income countries have been supported by multilateralism to develop sustainable, resilient, country-owned health strategies.[9]

We call on UN member states to recognise their roles and responsibilities in the governance of WHO. We call on nations to restore multilateral cooperation on global health. Such cooperation will require funding, collective thinking, political leadership, and technical rigour. We also need active intellectual and strategic investment; support, not empty criticism; and commitment, not abandonment.

The global community must reflect on which WHO we want in leading the response to COVID-19. In the wake of the outbreak of severe acute respiratory syndrome, WHO member states ratified the International Health Regulations (2005) (IHR)[10] as a legally binding international treaty. In doing so, member states committed to report to WHO and to prepare for and respond to any disease outbreaks that could become global public health threats.[11]

Created in 2016 after the outbreak of Ebola virus disease in west Africa, the WHO Health Emergencies Programme[12] has been effective in responding to outbreaks of yellow fever, polio, smallpox, and Zika virus disease, as well as

Ebola virus disease in the Democratic Republic of the Congo,[13] despite scarce funding and operative challenges. However, COVID-19 has exposed how inadequate the preparedness for a pandemic has been, including in those countries with strong health systems.[14] Clearly, the IHR need to be comprehensively strengthened.

In relation to the COVID-19 pandemic, we call on WHO to focus on and be held accountable for the following areas of work. First, provide regularly updated recommendations from independent expert committees on preventive strategies and potential treatments for COVID-19. Second, propose universal and standardised ways of collecting and reporting epidemiological data from countries. Third, accelerate the evaluation, selection, and prequalification of diagnostic tests. Fourth, consolidate information on COVID-19 vaccine research progress and work upstream with partners to ensure equitable access and affordability of therapeutics and vaccines as they become available. Fifth, facilitate logistical coordination and supply of reagents, personal protective equipment, and potential treatments. Finally, support countries with fragile health systems to maintain continuity of routine health care, particularly for chronic diseases, and primary health care.

Which WHO do we want after the COVID-19 pandemic? WHO must evolve to become more results-oriented and responsive. Such an evolution requires more than a functional review: it calls for a thorough transformation that overcomes political divisions and empowers WHO with the ability to question and constructively criticise national health strategies.[15]

We call for a WHO whose technical authority is fully recognised by member states and is free of political considerations, and whose funding does not depend on unreliable voluntary contributions; a WHO that gives a fair role to civil society and other non-governmental actors in its governance; and a WHO that primarily focuses on the mandate of a technical agency in health, as set by its founders in 1948.[16]

We call for a WHO with full legitimacy as the world's leading institution in global health, with enhanced authority to enforce its norms and standards and to coordinate global action. WHO needs the resources to publicly warn and potentially call for sanctions against member states that do not comply with global health imperatives.

Health is a global political matter[17] and a public good for humanity.[18] The prevention of illness and promotion of health entail programmes that sometimes conflict with economic priorities.[19] WHO should thus be able to recommend scientific and evidence-based solutions, such as decisions aimed at reducing consumption of tobacco, alcohol, and sugar-sweetened beverages or reducing environmental risks, such as those associated with air pollution.[20] WHO should be granted the full authority to coordinate global health emergencies. The agency should be empowered to compel health-related data transparency by sending independent observers to countries.

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WHO will evolve only if national governments give priority to a global collective approach to global health issues. However, this move is not enough. The new health governance should give appropriate space to emerging economies and to low-income countries. WHO will not recover its full authority if member states do not waive some of their national prerogatives for the benefit of global public health.

M-PK is a former Assistant-Director General of WHO. LM is a former Executive Director of Unitaid and is a member of the board of directors of Orasure Technologies, Inc. MK is a former Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are all members of the Santé mondiale 2030 think tank. We declare no other competing interests.

For **Santé mondiale 2030** see www.santemondiale2030.fr

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Retraction—Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

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After publication of our *Lancet* Article,[1] several concerns were raised with respect to the veracity of the data and analyses conducted by Surgisphere Corporation and its founder and our co-author, Sapan Desai, in our publication. We launched an independent third-party peer review of Surgisphere with the consent of Sapan Desai to evaluate the origination of the database elements, to confirm the completeness of the database, and to replicate the analyses presented in the paper.

Our independent peer reviewers informed us that Surgisphere would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis as such transfer would violate client agreements and confidentiality requirements. As such, our reviewers were not able to conduct an independent and private peer review and therefore notified us of their withdrawal from the peer-review process.

We always aspire to perform our research in accordance with the highest ethical and professional guidelines. We can never forget the responsibility we have as researchers to scrupulously ensure that we rely on data sources that adhere to our high standards. Based on this development, we can no longer vouch for the veracity of the primary data sources. Due to this unfortunate development, the authors request that the paper be retracted.

We all entered this collaboration to contribute in good faith and at a time of great need during the COVID-19 pandemic. We deeply apologise to you, the editors, and the journal readership for any embarrassment or inconvenience that this may have caused.

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