

The Impact of the World Health Organization on International Business

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Impacto de la Organización Mundial de la Salud en los Negocios Internacionales


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ABSTRACT

The World Health Organization (WHO) has taken on a central role in the indirect regulation of international business. This article analyzes the WHO's impact on global trade, considering its role in issuing regulations, certifications, and recommendations during health crises such as the COVID-19 pandemic. The methodology employed is qualitative and documentary, based on the analysis of academic sources, technical reports, and international treaties. The results reveal that the WHO influences trade agreements, indirectly regulates supply chains through health standards, and promotes emerging sectors such as digital health and biotechnology. However, it also faces criticism for its financial dependence, slow response, and the inequalities its guidelines generate in countries with less technological capacity. It is concluded that the WHO is a key regulatory actor in the global economy, whose legitimacy and effectiveness depend on institutional reforms that balance state sovereignty and international cooperation.

Keywords: Certifications; International Trade; Health Governance; WHO; Pandemic; Regulations; Public Health; Trade Agreements.

RESUMEN

La Organización Mundial de la Salud (OMS) ha adquirido un papel central en la regulación indirecta de los negocios internacionales. Este artículo tiene como propósito analizar el impacto de la OMS en el comercio global, considerando su rol en la emisión de normativas, certificaciones y recomendaciones durante crisis sanitarias como la pandemia de COVID-19. La metodología empleada es de tipo cualitativo y documental, basada en el análisis de fuentes académicas, informes técnicos y tratados internacionales. Los resultados revelan que la OMS influye en tratados comerciales, regula indirectamente las cadenas de suministro mediante estándares sanitarios, y promueve sectores emergentes como la salud digital y la biotecnología. Sin embargo, también enfrenta críticas por su dependencia financiera, lentitud de respuesta y las desigualdades que generan sus directrices en países con menor capacidad tecnológica. Se concluye que la OMS es un actor normativo clave en la economía global, cuya legitimidad y eficacia dependen de reformas institucionales que equilibren soberanía estatal y cooperación internacional.

Palabras clave: Certificaciones; Comercio Internacional; Gobernanza Sanitaria; OMS; Pandemia; Regulaciones; Salud Pública; Tratados Comerciales.

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INTRODUCTION

International trade dynamics can no longer be understood without considering the strategic role played by multilateral organizations in public health.⁽¹⁾ Growing exposure to global health risks has forced governments and companies to adapt their regulatory, operational, and logistical frameworks to the guidelines issued by institutions such as the World Health Organization (WHO). This reconfiguration of priorities responds not only to the need to protect human life, but also to the urgency of preserving economic stability and the continuity of trade in crisis contexts.^(2,3) This relationship reached a critical point during health crises such as the Ebola outbreak, H1N1, and the COVID-19 pandemic, where health was positioned as a strategic factor with direct implications for the global economy.⁽⁴⁾

The WHO was officially founded on April 7, 1948, as a specialized agency of the United Nations, with a mandate to achieve the highest possible level of health for all people. Since its inception, the organization has promoted vaccination programs, epidemiological surveillance, disease elimination, and the formulation of international public health standards.⁽⁵⁾ Its tripartite structure—comprising the World Health Assembly, the Executive Board, and the Secretariat—enables the coordination of large-scale technical, operational, and policy responses.⁽⁶⁾

One of the main regulatory instruments under its purview is the International Health Regulations (IHR), which require member states to report events that pose a threat to global public health and allow the WHO to issue recommendations with international reach. While these guidelines are not legally binding in all cases, they do have far-reaching political, economic, and commercial effects.⁽⁷⁾

During the COVID-19 pandemic, WHO recommendations led to measures such as border closures, trade restrictions, the implementation of health protocols in transportation and production, and the reconfiguration of customs regulations. These changes profoundly affected key sectors such as tourism, aviation, agribusiness, and international logistics, demonstrating that public health is not an isolated issue, but rather a variable that cuts across the global economic system.⁽⁴⁾

At the same time, the new global order has created opportunities for business transformation. Activities such as rural tourism,⁽⁸⁾ strategic health marketing,⁽⁹⁾ and innovation in management tools⁽¹⁰⁾ show how health has influenced the diversification of business models. Tensions have also arisen related to inequalities in access to certifications, tax evasion,⁽¹¹⁾ and criminal phenomena associated with weakened health systems,⁽¹²⁾ reinforcing the need for ethical and transparent regulatory frameworks.

Against this backdrop, this essay aims to analyze the impact of the WHO on international business, exploring its influence on trade agreements, health regulations, technical certifications, and global governance processes. To this end, we will examine not only the organization's regulatory and operational actions, but also the institutional challenges it faces in its role as a multilateral actor in the post-pandemic era.

METHOD

This work is developed using a qualitative and documentary approach, focusing on the analysis of relevant secondary sources on the role of the World Health Organization (WHO) in the context of international trade. The methodology falls within the genre of theoretical-analytical essay, whose purpose is to

critically reflect on the impact of international health guidelines on global economic and business dynamics.

The essay was prepared using indexed scientific literature, including academic articles, official documents from multilateral organizations (WHO, WTO, World Bank), and recent studies published between 2020 and 2025. Priority was given to the analysis of sources that examine the relationship between public health, international regulation, business sustainability, and foreign trade. The selection criteria were based on the topicality, thematic relevance, and conceptual contribution of the sources used.

The text is organized into five thematic chapters, each of which addresses specific dimensions of the WHO's impact: regulatory framework, response to health crises, trade impacts, supply chain transformation, and emerging economic opportunities. Finally, a critical reflection on the institutional challenges facing the organization is included.

RESULTS

Global health regulation and standards

The regulatory influence of the World Health Organization (WHO) transcends the technical sphere to become a benchmark of moral and political authority in the international system. Through guidelines, recommendations, and health standards, the WHO influences the configuration of national and international regulatory frameworks which, although not mandatory in all cases, acquire substantial normative weight in contexts of health emergencies and multilateral cooperation.⁽⁷⁾

One of the most relevant instruments in this regard is the International Health Regulations (IHR), adopted by the 196 States Parties as a binding legal framework to prevent, detect, and respond to public health events that may constitute a cross-border threat. The IHR require countries to notify the WHO of outbreaks that may constitute a public health emergency of international concern (PHEIC) and empower the agency to issue temporary recommendations that directly impact areas such as travel, trade, customs, and health controls.⁽⁷⁾

These regulations have not only transformed the response capabilities of states, but have also led to a reconfiguration of the risk criteria applied to trade in sensitive goods, such as food, medical supplies, and biotechnology products. The WHO therefore acts as a link between health and the economy, legitimizing measures that, although justified in health terms, have significant economic effects by acting as non-tariff barriers or conditions for entry into certain markets.⁽⁶⁾

The progressive acceptance of these standards by international trade and financial organizations has consolidated the WHO's role as a global regulatory benchmark, capable of transforming national public policies through technical and scientific recommendations with indirect legal effects.

Trade treaties and agreements

The health recommendations issued by the WHO have had a considerable impact on the formulation, revision, and updating of bilateral, regional, and multilateral trade treaties and agreements. During the COVID-19 pandemic, the physical distancing, biosecurity, transport control, and mobility restriction measures recommended by the organization were incorporated into specific annexes and clauses of various economic agreements, evidencing a process of regulatory adaptation driven by global health criteria.⁽⁵⁾

In particular, the World Trade Organization (WTO) Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement) explicitly recognizes the guidelines of the WHO, as well as those of the FAO and the OIE, as valid bases for justifying trade restrictions motivated by the protection of human, animal, and plant health.⁽¹³⁾ This has legitimized the use of health recommendations as a technical basis for implementing regulations that directly affect international trade.

In this context, trade agreements have incorporated clauses on force majeure, supply chains, health inspections, and technical certifications, which respond to global risk scenarios. This has led to a redefinition of international cooperation on trade, where compliance with WHO-backed health standards becomes a prerequisite for maintaining the fluidity of economic exchange.⁽¹⁴⁾

Likewise, the WHO has collaborated closely with organizations such as the WTO and the UN to harmonize standards and reduce conflicts arising from technical barriers to trade, strengthening global economic governance based on scientific and public health criteria. As a result, international health is no longer an isolated issue, but has become a structural axis in the drafting of treaties regulating trade in goods, services, and technology in the 21st century.⁽⁶⁾

Technical certifications and non-tariff barriers

One of the most powerful indirect mechanisms through which the WHO influences international trade is international health certification, which acts as a filter for access to global markets. Although these certifications are not always required by law, in practice they have become indispensable technical requirements for the export of pharmaceuticals, food, cosmetics, and medical devices.⁽¹⁴⁾

Among the most relevant certifications endorsed by the WHO are:

- Good Manufacturing Practice (GMP) certificates for medicines and vaccines.
- Certifications for food free of microbiological, chemical, or physical contaminants.
- The validation of clinical trials for the authorization of immunizers, especially in health emergency contexts.

These requirements have been widely adopted by multilateral organizations and national governments, and while their purpose is to ensure the safety and efficacy of products, they also function as non-tariff barriers, as they make trade conditional on the technical and technological capacity of exporting countries. In this sense, WHO recommendations have a direct impact on the competitiveness of companies and equity in market access, particularly affecting developing countries that face greater constraints in meeting international standards.⁽⁵⁾

The implementation of these requirements has driven a transformation in industrial processes, encouraging innovation in packaging, preservation, traceability, and biosafety, which shows how health regulation has become a strategic tool in the contemporary global economy.

Disruptions in supply chains

The health measures promoted by the WHO, especially during crises such as the COVID-19 pandemic, caused significant disruptions in global supply chains. These chains, designed to operate under principles of efficiency and intercontinental

coordination, proved highly vulnerable to mobility restrictions and strict health controls.

The actions suggested by the WHO, later adopted by governments, included:

- Closures of air, sea, and land borders.
- Mandatory quarantine protocols for transporters and logistics workers.
- Enhanced health inspections at customs, ports, and airports.
- Temporary suspension of non-essential productive activities.^(15,16)

These measures, although necessary from a health perspective, led to logistical delays, increased operating costs, and shortages of raw materials. Strategic sectors such as automotive, technology, and pharmaceuticals, which are highly dependent on Asian suppliers, suffered critical disruptions in their value chains, forcing many companies to redesign their production and procurement models.⁽¹⁷⁾

This phenomenon highlighted that public health is now a structural dimension of global logistics and that health risk management must be incorporated into the business continuity plans of multinational companies. It also underscored the need to diversify suppliers, regionalize certain operations, and increase the capacity to respond to public health events with cross-border impact.

Structural differences in the capacity to respond to health emergencies have strongly influenced the economic impact of pandemics in different regions of the world. In this sense, levels of health preparedness determine not only the effectiveness of containment measures, but also the operational continuity of strategic productive sectors and the resilience of supply chains.

Figure 1 illustrates these inequalities, showing how the most prepared countries—mainly in Europe, North America, and parts of Asia-Pacific—had better health systems, technological infrastructure, and emergency protocols. In contrast, many economies in Africa, Latin America, and South Asia had limited capacity to implement rigorous health measures, which amplified the negative effects of logistical and trade restrictions during the COVID-19 pandemic.

Sectors with emerging opportunities

While global health crises have created significant constraints, they have also opened the door to new economic and business opportunities, especially in sectors linked to health, technology, and innovation. The COVID-19 pandemic acted as a catalyst for growth in industries such as pharmaceuticals, biotechnology, digital health, and specialized medical logistics.^(16,18)

The WHO has played a key role in this process by:

- Establishing minimum quality standards for healthcare products.
- Promoting local production of medicines and vaccines in developing countries.
- Promoting international partnerships for equitable access to medical technologies (such as the COVAX program).

These regulatory and technical incentives have fostered the emergence of new business models, such as:

- Manufacturing of medical supplies (masks, ventilators, syringes).

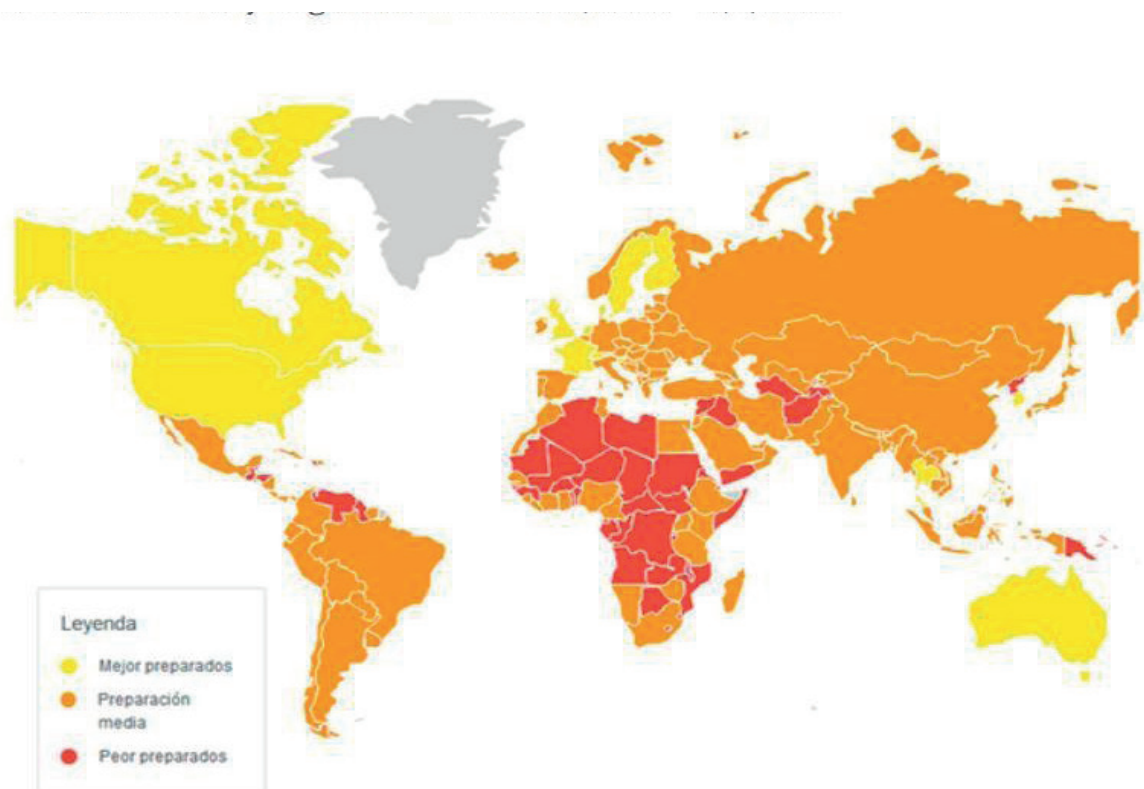


Figure 1. Global health preparedness levels in 2020. Source: Carlos Malamud and Rogelio Núñez, ARI 27/2020.

- Epidemiological monitoring and molecular diagnostic systems.
- Digital platforms for medical care and clinical data management.

In addition, international attention to pandemic preparedness and response has increased foreign direct investment in health infrastructure projects, pharmaceutical production centers, and logistics hubs for medical distribution, particularly in regions of Africa, Asia, and Latin America.⁽¹⁷⁾

In short, the WHO's actions have not only regulated the commercial environment during emergencies, but have also encouraged the structural transformation of strategic sectors, turning public health into a driver of innovation, economic development, and business sustainability.

Therefore, the following section will offer a critical discussion of the results, addressing the tensions between state sovereignty and global health, questions about the institutional effectiveness of the WHO, and proposals for reform that could strengthen its legitimacy and capacity for action in future scenarios.

DISCUSSION

The analysis shows that the WHO has consolidated its role as a multilateral actor with growing influence in international business. Far from being solely a technical body dedicated to public health, its decisions and recommendations have permeated key areas of global trade, such as treaty formulation, supply chain management, health certification, and the creation of new business opportunities.^(19,20)

The findings indicate that the health recommendations issued by the WHO during crises such as the COVID-19 pandemic have led to measures that, although not legally binding, have been systematically adopted by states and economic agents, becoming de facto standards in international trade. This confirms

the findings of Kickbusch et al.⁽⁶⁾, who highlight that the WHO's technical authority allows it to influence the architecture of global governance by legitimizing scientifically based economic decisions.

However, this capacity for influence is not without tensions. One of the main dilemmas identified is the structural asymmetry between countries with different levels of development, which face technical barriers derived from health requirements for export, such as Good Manufacturing Practice (GMP) certifications or regulated clinical trials.⁽¹⁴⁾ This reality coincides with the findings of Alcívar Toala et al.⁽¹¹⁾, who warn of inequality in regulatory compliance capacity and access to international markets in contexts of limited health and technological infrastructure.

On the other hand, the WHO has been criticized for its ability to respond in a timely manner and for its institutional independence.^(21,22) As Moon et al. point out, during the Ebola outbreak in West Africa, the organization was slow to declare a public health emergency, which limited the containment of the virus. A similar situation occurred in the early stages of COVID-19, when several countries questioned the credibility of the initial information released and the apparent political dependence of the organization.⁽⁴⁾ These situations reflect the limitations faced by the WHO in terms of operational autonomy, conditioned by its financial structure based on voluntary contributions.⁽⁵⁾

However, it should be noted that the WHO has also fostered opportunities for productive transformation and international cooperation, especially in emerging sectors such as digital health, biotechnology, and the manufacture of medical supplies. According to Suescum et al.⁽²⁾, these types of interventions have made it possible to position corporate sustainability as a new standard in decision-making, motivating investment, innovation, and public-private partnerships. In addition, programs such as

COVAX have promoted equitable access to vaccines, reinforcing the redistributive function of the organization.^(18,23)

Despite these advances, significant limitations remain in this study. As it is a documentary and qualitative approach, the analysis did not include empirical case studies at the regional or comparative level, nor quantitative assessments of the economic impact of health regulations. This limitation opens up space for future research that integrates mixed approaches and multiscale analysis, including international trade indicators, regulatory compliance indices, and comparative analysis between regions with different levels of logistical and health development.

In addition, a more in-depth exploration of the role of the WHO in relation to other multilateral organizations, such as the World Trade Organization (WTO) and the Food and Agriculture Organization of the United Nations (FAO), in the articulation of joint standards in trade and health remains pending. This institutional interdependence is key to understanding the future of global health governance.

In short, the discussion shows that the WHO's role in international business cannot be understood solely as a reactive element in the face of health crises, but rather as a normative actor whose influence redefines regulatory frameworks, conditions international competitiveness, and modulates the direction of global innovation. However, its effectiveness and legitimacy will depend on institutional reforms that guarantee greater financial independence, transparency mechanisms, and a more equitable distribution of normative power among countries. Understanding this complexity is essential for companies, governments, and academics operating in a global environment where health is increasingly a strategic dimension of economic development.

CONCLUSION

The objective of this article was to analyze the impact of the WHO on international business, considering its normative, regulatory, and coordinating role in the context of global health. Throughout the analysis, it became clear that the WHO's actions—especially during health crises such as the SARS outbreak, Ebola, and the COVID-19 pandemic—have had a profound effect on trade dynamics, from issuing recommendations that affect international treaties to implementing measures that impact the operation of global supply chains. In this sense, health has become a cross-cutting issue in the global economy.

Among the most relevant findings, it was identified that the WHO influences the design of trade agreements, the creation of international health regulations, and the legitimization of technical certifications that condition access to markets. These actions, although not always binding, become mandatory benchmarks for states and companies, promoting commercial practices that comply with public health standards. At the same time, structural challenges were recognized, such as the unequal capacity of countries to meet these standards, the organization's

financial dependence, and criticism of its autonomy and response time to health emergencies.

The WHO's impact on international business is significant, multifaceted, and constantly evolving. Its technical authority and role in global public health coordination position it as a crucial player in the reconfiguration of the global economy, especially in crisis scenarios. Understanding this influence allows us to anticipate trends, strengthen business resilience, and guide public policies toward effective integration between health and trade. This analysis also paves the way for future research aimed at empirically evaluating the effects of global health policies on specific economic sectors and regions with lower response capacity.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHOR CONTRIBUTION

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REFERENCES

- Belén Herrero M, Belardo MB. Salud internacional y salud global: reconfiguraciones de un campo en disputa. *Rev Relac Int.* 2022;95(2):54–82. Disponible en: https://www.scielo.sa.cr/scielo.php?pid=S2215-45822022000200054&script=sci_arttext
- Suescum Coelho C, Suescum Coelho C-E. Business sustainability: decoding the code for the new standard in decision-making. *Actas Iberoam Cienc Soc.* 2025;3(1):120–36. <https://doi.org/10.69821/AICIS.v3i1.84>
- Acosta DR, Zurita CYA, Fuenmayor PLB. Complejidad de las interacciones de factores clave en la construcción de la paz en un mundo postpandémico. *Las Torres de Lucca.* 2025;14(2):377–88. Disponible en: <https://dialnet.unirioja.es/servlet/articulo?codigo=10288588>
- Gostin LO, Friedman EA, Wetter SA. Responding to COVID-19: how to

- navigate a public health emergency legally and ethically. *Hastings Cent Rep.* 2020;50(2):8–12. <https://doi.org/10.1002/hast.1090>
5. World Health Organization. COVID-19 strategic preparedness and response plan 2021. Geneva: WHO; 2021. Disponible en: <https://www.who.int/publications/i/item/WHO-WHE-2021.02>
 6. Kickbusch I, Leung G, Bhutta ZA, Matsoso MP, Ihekweazu C, Abbasi K. Covid-19: how a virus is turning the world upside down. *BMJ.* 2020;369:m1336. <https://doi.org/10.1136/bmj.m1336>
 7. World Health Organization. International health regulations. 3rd ed. Geneva: WHO; 2016. Disponible en: <https://www.who.int/publications/i/item/9789241580496>
 8. Noa Guerra D, Salabarría Rodríguez D. Challenges and perspectives of rural tourism in Ciego de Ávila. *Actas Iberoam Cienc Soc.* 2025;3(1):9–20. <https://doi.org/10.69821/AICIS.v3i1.58>
 9. Páez Moreno ÁE, Román-Acosta DD, Rodríguez Torres E. Design of an attitude scale to measure transformational marketing. *Management (Montevideo).* 2025;3:245. <https://doi.org/10.62486/agma2025245>
 10. Alcívar Martínez B, Ordoñez Gilces YV, Quito Zambrano MY, Álvarez Vidal ME. Cuadro de mando integral como herramienta de gestión para la Asociación de Mujeres Comunitarias AMUCOMT. *Rev Multidiscip Voces Am Caribe.* 2024;1(1):262–85. <https://doi.org/10.69821/REMUUVAC.v1i1.38>
 11. Alcívar Toala KJ, Carbo González MF, Paredes Floril PR. La evasión fiscal como efecto a la carencia de cultura tributaria en los contribuyentes del Guayaquil. *Rev Multidiscip Voces Am Caribe.* 2024;1(2):507–49. <https://doi.org/10.69821/REMUUVAC.v1i2.81>
 12. Palma Andrade WL. Vacunas extorsivas en Ecuador: un análisis jurídico sobre las tendencias de extorsión en América Latina. *Rev Multidiscip Voces Am Caribe.* 2024;1(1):432–73. <https://doi.org/10.69821/REMUUVAC.v1i1.48>
 13. World Trade Organization. Understanding the WTO: the agreements – SPS measures. Geneva: WTO; 2022. Disponible en: https://www.wto.org/english/tratop_e/sps_e/spsagr_e.htm
 14. FAO/WHO Codex Alimentarius Commission. General principles of food hygiene: CXC 1-1969. Rome: FAO/WHO; 2020. Disponible en: <https://www.fao.org/fao-who-codexalimentarius>
 15. UNCTAD. COVID-19 and trade: navigating the challenges. Geneva: UNCTAD; 2020. Disponible en: <https://unctad.org/webflyer/covid-19-and-trade>
 16. OECD. COVID-19 and international trade: issues and actions. Paris: OECD; 2021. Disponible en: <https://www.oecd.org/coronavirus/policy-responses>
 17. World Bank. Global economic prospects, June 2021. Washington, DC: World Bank; 2021. Disponible en: <https://www.worldbank.org/en/publication/global-economic-prospects>
 18. GAVI. COVAX explained. Geneva: GAVI; 2021. Disponible en: <https://www.gavi.org/vaccineswork/covax-explained>
 19. Alcívar Martínez B, Conforme Muñoz WJ, Cedeño Santos MN, Véliz Zambrano V, Lemoine Quintero FA. Capacidades dinámicas y la gestión empresarial: caso Inharipac S.A. Manabí, Ecuador. *Rev Multidiscip Voces Am Caribe.* 2025;2(2):334–60. <https://doi.org/10.69821/REMUUVAC.v2i2.156>
 20. Cujilán M, Ballesteros Gallo S, Botero Mendoza L. Empoderando comunidades: obstáculos y oportunidades en la reconstrucción a través de alianzas estratégicas. *Rev Multidiscip Voces Am Caribe.* 2024;1(1):31–51. <https://doi.org/10.69821/REMUUVAC.v1i1.2>
 21. Gómez Rodríguez DT. La producción de alimentos para autoconsumo. *Rev Multidiscip Voces Am Caribe.* 2024;1(1):52–79. <https://doi.org/10.69821/REMUUVAC.v1i1.12>
 22. Lemoine Quintero FA, Párraga Romero SA. El marketing de fidelización y su contribución a la calidad del servicio gastronómico. *Rev Multidiscip Voces Am Caribe.* 2024;1(1):103–26. <https://doi.org/10.69821/REMUUVAC.v1i1.7>
 23. Perez Vega JC. Contexto del teletrabajo en América Latina desde una visión gerencial y de legalidad: revisión sistemática. *Rev Multidiscip Voces Am Caribe.* 2025;2(1):311–51. <https://doi.org/10.69821/REMUUVAC.v2i1.135>