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國際學碩士學位論文

**Power and Governance: Study of the WHO
Governance at the Outbreak of SARS**

파워와 거버넌스: 사스 발생 당시의
세계보건기구의 거버넌스에 관한 연구

2014年 2月

서울대학교 國際大學院

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**Power and Governance: Study of the WHO
Governance at the Outbreak of SARS**

Thesis by

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Graduate Program in International Cooperation
For the degree of Masters of International Studies

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**Graduate School of International Studies
Seoul National University
Seoul, Korea**

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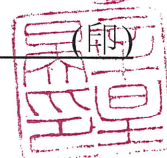
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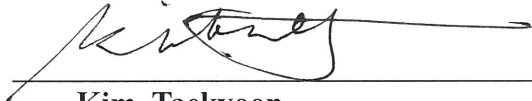
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Abstract

It is commonly held that the World Health Organization is the apex institution in the issue of global public health sector. However since the 1970s, the legitimacy and effectiveness of the WHO has continuously been questioned raising doubts about the role it was entrusted with, that is the safeguard of the highest possible level of health for all the international community. The literature of governance often diverges away from the concept of power but in reality; governance necessarily entails an expression of power. In this thesis, a novel approach of governance has been used to analyze the relationship between power and governance of the WHO during the outbreak of SARS in 2003. Despite the prevalent neoliberalist undertone when it comes to defining the concept of governance, governance necessarily entails an expression of power.

The SARS outbreak in 2003 has been chosen to analyze what kind(s) of power the WHO had exercised for the following reasons. Externally the SARS outbreak presented itself as a newly discovered infectious disease and the impact and extent it had caused to the international community. Internally a new director-general Gro Harlem Brundtland was appointed with much expectations of

reforming the WHO. This research revolves around the question whether the WHO had the necessary power or not to contain a new disease and lead the global health governance as it should. Analysis of different activities and strategies deployed by the WHO has demonstrated that despite criticisms, the WHO was indeed able to exercise a mélange of governance that are institutional, structural and productive power among them productive power being the most significant one. However it is the finding of this thesis that the WHO cannot solely assume for the task of the successful containment of the SARS outbreak, in the extent that a network of myriad actors has also contributed to the containment of one hundred days of SARS. Therefore it is necessary to acknowledge the finding of this paper is limited to the case of SARS and cannot be applied generally in discussing the governance of the WHO.

Key words: World Health Organization, Severe Acute Respiratory Syndrome (SARS), power, governance

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Acronyms

International Health Regulations (IHR)

Global Outbreak and Alert Response Network (GOARN)

Severe Acute Respiratory Syndrome (SARS)

Transnational Advocacy Network (TAN)

United Nations (UN)

World Bank (WB)

World Health Organization (WHO)

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국문초록

I. Introduction

The WHO is a specialized agency of the UN established in 7 April 1948 with the largest membership among the UN related agencies. The WHO was established in recognition to improve worldwide health¹. The constitution which is one of the determinants of the WHO mandate, defines health as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity². The WHO core functions are divided in three categories: normative functions, directing and coordination, and research and technical cooperation function³ have gone back and forth in prioritizing certain aspects more than others.

Contrary to the years of 1970s and 1980s when the UN related agencies including the WHO have been regarded as prestigious and effective organizations, the field of the health has progressively become crowded by numerous actors including International Financial Institutions, non-governmental organizations, private foundation and pharmaceutical companies leaving questions as where does the WHO stands in the more complex architecture of global health. As more actors have entered the field of health the WHO has continuously been criticized for its effectiveness in a range of

¹Richard Dogson, Kelley Lee, and Nick Drager, *Global Health Governance: A Conceptual Review*. 2002

² WHO. CONSTITUTION OF THE WORLD HEALTH ORGANIZATION. The Constitution was adopted in 1946 and went into force in 1948.

³ Kelley Lee, Sue Collinson, Gill Walt, Lucy Gilson, Who should be doing what in international health: a confusion of mandates in the United Nations? *British Medical Journal*, 312:302-307, 1996,307

issues such as management, health policies direction, weak operational capacity, accountability issues and so forth⁴.

1. Research Question

The purpose of this paper is to study of the relationship between power and governance and apply such power based approach of governance to an intergovernmental organization, the World Health Organization (WHO) at the outbreak of SARS. Using the taxonomy of power devised by Barnett and Duvall the purpose is to assess what kind(s) of power based governance the WHO has exercised in order to differentiate the conditions that enabled or constrained the WHO to determine its policies during the day to day struggle throughout outbreak of SARS back in 2003 and finally assess where the comparative advantage of the WHO lies.

This paper will revolve around the issue of governance of the WHO in dealing with its capacity and ability to contain a new transnational threat to the global public health at a time when SARS posed as a test for the WHO and whether the WHO was able to effectively manage and lead the global community as it should in light of global epidemic spread. This paper will try to answer the following questions.

⁴ Fiona Godlee, "WHO in retreat: is it losing its influence", *British Medical Journal* 309, no.6967:1491-1495,1492

What is the comparative advantage of the WHO in terms of power using the power based approach of governance in containing a transnational threat such as SARS? Has the WHO become more assertive over the course of “governing” through an unknown disease? In sum, the centrality of this paper resides in this basic question that is did the WHO have the necessary power to choose its policies as an independent actor in an active and quick manner in order to effectively contain an emergency outbreak of SARS rather than endure the situation as a passive and powerless intergovernmental organization?

2. Literature review

Since this study aims at establishing relationship between power and governance it is necessary to review the concept of power from a realist perspective and how power was detracted in other schools of thoughts notably from a (neo)liberalist and constructivist perspective.

1) Conceptualization of power in International Relations theories

a. Concept of power from a realist perspective

The concept of power has predominantly been defined from a realist perspective as power meaning the ability to influence the behavior of others to get the outcomes one

wants through use of material resources, which otherwise would not have behaved in such a manner. Carr considers power as an indispensable instrument that a government enjoys⁵ dividing power into three categories that are military power, economic power and power over opinion. Since these three forms of power are intricately linked to one, Carr notes that distinction of forms of power is difficult⁶. Thus in essence, power is in itself an indivisible concept as a whole and a capability pertaining only to governments. Because power was deemed as a quality that only a government could enjoy the relationship between power and government has been established in a deep-seated manner whereas the relationship between power and governance has drifted further away by losing its significance.

b. International Institutions and Global Governance, a (neo)liberalist perspective

The reason why the relationship between power and governance has not gained support of the discipline is partly due to the predominance of confining the concept of power in a lexicon of realism. However, noting the words of W. B Callie (1956) power is an essentially contested concept. The prevailing rhetoric of liberalism is also partly responsible for decoupling the relationship between power and governance. If realists sought to use power as the instrument for advancing selfish national interests in this

⁵ E.H., Carr, 1964. *The Twenty Year's Crisis, 1919-1939*. New York: Harper and Row, 107

⁶ *Ibid.*, 108

anarchic world, liberalists sought to use institutions as an instrument to tame international conflicts and advance common values of democracy, rule of law, and markets in the allegedly constant state of war. International Organizations would in this vein be at the center for shaping shared values and rules based on voluntary basis.

Thus for liberalists, power was substituted by institutions to advance collective action and shared values and common purposes precisely because they positioned the arguments regarding governance against power and by concentrating solely on the convergent aspect of the international community. In other words (neo)liberalists have omitted that there could be a degree of convergence which in turn can be considered as a dimension underlined by power. In fact (neo)liberalist has only attached importance to an extreme side of a continuous spectrum of convergence. Thus, even a liberalist perspective could have allowed a focus on power in terms of highlighting how institutions could shape the balancing advantage of one actor to the disadvantage another, freeze asymmetries, set parameters for a collective action but ultimately resulting in benefiting an actor more than another⁷. This is why when it comes to defining governance; it has prevailed in connoting a liberal undertone and masking the presence of power. Indeed, although there is no universally agreed upon definition of governance, the central aspect of governance is often quoted as a *mélange* of concepts such as consensus, management, collective solution, a matter of conflict resolving

⁷ Micheal Barnett and Raymond Duvall (2005). Power in International Politics. International Organization, 41

embedded with a rich liberalist texture.

To cite some of the well recognized definitions of governance, Rosenau writes, *Governance is not synonymous with government. Both refer to purposive behavior, to goal oriented activities, to systems of rules; but government suggests activities that are backed by formal authority...whereas governance refers to activities backed by shared goals that may or may not derive from legal and formally prescribed responsibilities and that do not necessarily rely on police powers to overcome defiance and attain compliance*⁸.

Oran Young sees governance as

*Establishment and operation of social institutions...capable of resolving conflicts, facilitating cooperation, or more generally alleviating collective actions problems in a world of interdependent actors*⁹.

c. Constructivist approach

Constructivists allow for room for change in the dichotomy between the realist focus of anarchic structure and the liberalist focus on process and institutions by emphasizing the neglected question of identity and interest-formation on how the identities and interests of actors are socially constructed rather than taking such interests as given and

⁸ James N. Rosenau, "Governance, Order and Change in World Politics" In *Governance without Government: Order and Change in World Politics*, Cambridge University Press, 1992, 4

⁹ Oran Young. *International Governance: Protecting the Environment in a Stateless Society*. Ithaca, N.Y. Cornell University Press 1994, 53

account for an explanation for change in the international system as the world opened the chapter of the Post Cold War¹⁰. Although constructivism is insightful, by emphasizing the underlying normative structure that constitutes an actor's identities and interests¹¹ rather than taking such identities and interest as exogenously given, constructivists also fail to recognize how central power can be in shaping social relations. Constructivists also omit to infuse the formation of social relations as an expression of power as did the liberalists and neoliberalists.

2) Review of Global Health Governance Multilateralism

Health Governance can be defined as actions and means adopted by a society to organize itself in the promotion and protection of the health of its population using formal or informal rules to prescribe behavior. Global health governance is therefore attempting to promote health on a global/international level. Again, the ability to promote collective action and deliver solutions to agreed goal is a central aspect of governance. The table below is a summary of different interpretations of the concept of "governance" used in the health sector.

¹⁰ Peter Katzenstein. Introduction: Alternative Perspectives on National Security, in *The Culture of National Security: Norms and Identity in World Politics*. New York: Columbia Press, 1996

¹¹ Alexander Wendt. *Anarchy is What States Make of It*. International Organization 1992, 394

VARIOUS USES OF THE TERM GOVERNANCE

TYPE OF GOVERNANCE	CHARACTERISTICS
Governance	<ul style="list-style-type: none"> • the actions and means to promote collective action and deliver collective solutions • "an exercise in assessing the efficacy of alternative modes (means) of organization. The object is to effect good order through the mechanisms of governance" (Williamson 1996:11) • "The manner in which power is exercised in the management of a country's economic and social resources for development" (World Bank 1994)
Corporate governance	<ul style="list-style-type: none"> • clear systems of transparency and accountability to investors • mechanisms for meeting social responsibility by corporations • "the framework of laws, regulatory institutions, and reporting requirements that condition the way that the corporate sector is governed" (World Bank 1994)
Good governance (World Bank 1994)	<ul style="list-style-type: none"> • public sector management • accountability of public sector institutions • legal framework for development • transparency and information
Good governance (UNDP 1997)	<ul style="list-style-type: none"> • management of nations affairs • efficiency, effectiveness and economy • liberal democracy • greater use of non-governmental sector
Clinical governance	<ul style="list-style-type: none"> • "a framework through which NHS organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish" (UK 1998)

Global governance	<ul style="list-style-type: none"> • "not only the formal institutions and organizations through which the rules and norms governing world order are (or are not) made and sustained - the institutions of the state, inter-governmental co-operation and so on - but also those organizations and pressure groups - from MNCs, transnational social movements to the plethora of non-governmental organizations – which pursue goals and objectives which have a bearing on transnational rule and authority systems" (Held et al. 1999)
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Source: WHO. Global Health Governance: A Conceptual Review. 2002

Due to the predominant neoliberalist perspective in the architecture of global governance the concept of governance was detracted from the concept of power connoting coordination, common goals, and convergence of interests. Previous studies on the WHO governance also focus in the WHO ability or more precisely inability of the WHO to realize such coordination and convergence of interests, its ineffectiveness and lack of accountability. The WHO is well known for its technical expertise notably when it comes to dealing with infectious diseases but all previous studies fail to imbue a layer of power when it comes to the governance of the WHO. The intention of this paper is to study the relationship between power and governance and demonstrate that the WHO was able to exercise certain forms of power, what were the factors and conditions that had empowered or constrained the WHO, link rather than differentiate the relation between power and governance using a new approach.

3. Hypothesis

This paper intends to evaluate what kind(s) of governance the WHO has exercised by analyzing documents that are published by the WHO. The hypotheses are the following:

- Despite criticisms against WHO, it is the only institution with the authority and capability to deal with an emergency outbreak such as SARS. Gathering, processing, disseminating knowledge is an intervention in itself and indicative of performance of productive power.
- Governance necessarily entails a relationship of power; inducing a change or transformation of behavior from other actors, taming of conflicts of interest among diverse actors to focus on converging interests will be indicative of institutional power governance exercised by the WHO.
- On the process of containing there will be a transition of different forms of power as the WHO will show change in assertiveness of its governance.

II. Theoretical Framework

1. Power and Governance: the reconceptualization of power

Taking the words of Walt, each theory of international relations catches an important aspect of international politics¹². In this vein power can also be considered as a polymorphous concept in which distinctive kinds of power can be distinguished. In other words, power does not necessarily have to be limited to the conventional definition that is the use of material resources of an actor to change the behavior of the other, which otherwise would not happen. In this paper the definition of power used is the following: power is the production, in and through social relations, of effects on actors that shape their capacity to control their fate¹³. The concept of power will be analyzed using the dimensions of: the kinds of social relations that affect the actors' capacities and the specificity of social relations. The dimension of kinds refers to whether power works in a relation of interactions or social constitutions. In referring to the relation of interactions, social relations are treated as a composition of previously constituted actors interacting with each other through behavioral relations in which ascribes power as a property that an actor possesses as a resource to change the actions or conditions of others¹⁴. However this position is not the end of the story.

¹² Stephen Walt. "One World, Many Theories," *Foreign Policy*. 1998, 44

¹³ Michael Barnett and Raymond Duvall . "Power in Global Governance", in *Power and Global Governance* (Cambridge University Press). 2005, 8, John, Scott, 2001 . Power. New York: Polity

¹⁴ Micheal Barnett and Raymond Duvall . Power in International Politics. International

Another position consists of interpreting the social relations of constitutions as an expression of power. Indeed, if the relation of interactions restricts power into the classical dichotomy between who has power and who does not as in terms of “power over”, the relations of social relations imbues to power an aspect of “power to”. Contrary to the relations of interactions that presuppose actors are disposed of a defined set of identities and interests since actors are already constituted, the relations of constitution focuses on the construction of social relations that generates different kinds of actors with respective capabilities and interests that shapes a particular actor as a social being. According to Wendt, “Constitutive theories...account for the properties of things by reference to the structures in virtue of which they exist”¹⁵. The underlying importance of distinguishing different dimensions of power resides in the fact that it refrains to confine power as a widely accepted notion of an exercise of control over the others but also as a concept that defines a particular actor as a social being ascribed with socially empowered capabilities and practices and thereby invests in that actor the power to perform certain tasks.

Since power is often if not always concerned with the behavior and actions undertaken by an actor, proximity was considered a crucial parameter in assessing whether an actor was a powerful one or not. Spatial or temporal proximity was considered a central aspect of power since distance and time blurred the outcome of

Oganization 2005, 45

¹⁵Alexander Wendt . On Constitution and Causation in International Relations. Review of International Studies. 1998, 105.

power especially when the concept of power entailed a relationship of causality between the subject and the object. This consideration of power is supported by Dhal who claimed that there could be no action at a distance stressing the existence of an observable and traceable connection between two actors¹⁶. However, contrary to common understanding of the concept of power, as seen in the first dimension of power, power can not only act as an attribute but also as a production of capabilities in a distant manner. Often neglected by scholar of different schools, there is a second dimension to power in terms of specificity through which social relations can be direct or socially diffuse¹⁷.

The taxonomy of power that will be used throughout this paper is the following:

¹⁶ Robert Dhal. The Concept of Power. Behavioral Science 2 (3):202-15. 1957, 204.

¹⁷ Michael Barnett and Raymond Duvall . Power in International Politics. International Organization 2005, 47

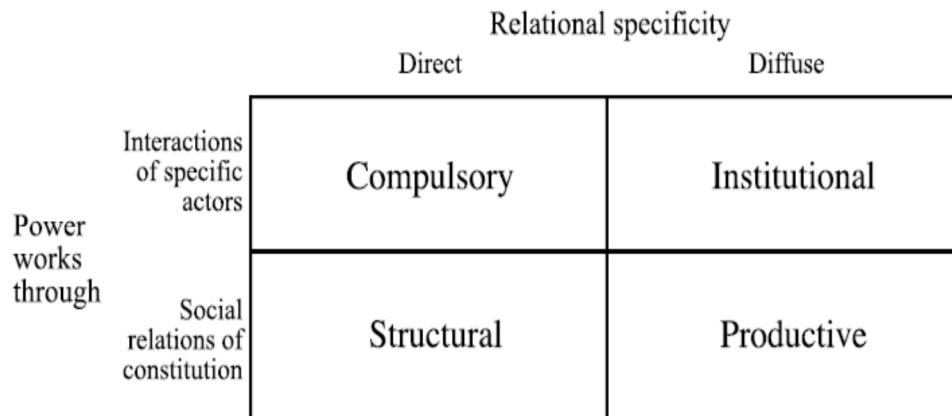


FIGURE 1. *Taxonomy of power*

Figure 2.

Source: *Power and Global Governance*. 2005

2. Taxonomy of Power

a. Compulsory power

The first concept of power deals with the relations between actors that produce one to alter or shape the actions of the other in a direct manner. According to Weber, power can be defined as *“the probability that one actor within a social relationship will be in a position to carry out his own will despite resistance, regardless of the basis on which this probability exists”*¹⁸.

¹⁸ Max Weber. *The Theory of Social and Economic Organization*. New York: Free Press. 1947, 52

Although at first glance compulsory power seems to fall under the classical definition of power as being the ability of an actor to use material resources to make the other what it would otherwise not do, this concept of power differs in some aspects. In contrast to Dahl's version of power having the parameters of intentionality on the part of one actor, existence of conflicts between two actors, disposal of either material or ideational resources¹⁹, according to Barnett and Duvall, power is also present even if the outcome is devoid of intentionality.²⁰ Also, the deployment of power does not necessarily need to be limited upon the use of material resources but can also result from through other means such as symbolic and normative resources²¹ as seen in TANs altering the behavior of states by using the strategy of shaming²².

The use of the taxonomy presented by Barnett and Duvall allows for broadening the scope of actors who deploy power to not only to states but also international organizations because even social relations entails a relation of power among actors. Thus this perspective allows framing international organizations as actors that are exercising a certain form of power in the form of governance. For example, the most conspicuous international organization who exercises compulsory power is the World Bank. Indeed the WB possessing abundant material resources can be said to exercise

¹⁹ Robert Dahl. The Concept of Power. Behavioral Science 2 (3):202-15. 1957,202-3

²⁰ Michael Barnett and Raymond Duvall . Power in International Politics. International Organization 2005, 50

²¹ David Baldwin. Power and International Relations, in The Handbook of International Relations. 177-91.2002, ,178-79

²² Margaret Keck and Kathryn Sikkink. Activists Beyond Borders: Advocacy Networks in International Politics. Ithaca, New York.: Cornell University Press. 1998

power directly over the borrowing countries through use of policies of imposing a set of conditions such as the Poverty Reduction Strategy Papers (PRSP) that borrowing countries must fulfill in order to receive loans from the WB²³. If the developing countries wish to borrow loans from the WB they have no choice but to comply to the conditions set by the Bank. Discerning compulsory power is easier than other types of power because such interaction is direct and specific.

b. Institutional Power

The second type of power, the institutional power deals with the manner in which an actor is able to have control over the other in an indirect manner through use of formal and informal institutions notably the rules and procedures that will in turn constrain the actions and conditions of the other. Simply said than done, institutional power is exercised between previously constituted actors in which one actor retains control over others through use of institutions²⁴. As mentioned earlier, this concept of power is similar to the perspective of the neoliberals who thought to place international institutions to advance common goals of nations states through international organizations such as the UN. However this taxonomy of power focuses on not only the change of actions taken by the other in response of exercise of institutional power

²³ Bob Deacon. "The Social Policy of the World Bank", in *Global Social Policy and Governance*. London:Sage. 2007, 29

²⁴Michael Barnett and Raymond Duvall 2005. "Power in Global Governance", in *Power and Global Governance* (Cambridge University Press), 16.

from an actor but also the nonactions when an actor has been constrained to seek its selfish behaviors and produce an outcome for the collective purpose. Indeed it is also an exercise of power.

Institutional power differs from compulsory power because in case of institutional power, one actor cannot be said to possess the resources to influence the other for the following reasons: institutions in question have a certain degree of autonomy and also because control over the other is realized through a socially distant spatial or temporal manner. The addition of elements of space and time in the concept of power, allows for a deeper understanding of the spectrum of power showing how institutions can work for the benefit of certain actors and to the disadvantage of others. In other words, institutional power advances collective goods but it can also be seen as an action to constrain and mask the existence of the conflictual interests of the less powerful actors in question. Thus even acting through institutions, reality is that there are still winners and losers due to difference in the ability of pre-constituted actors that can pull the necessary capabilities to use institutions accordingly to their interests. Imbuing power to global governance allows seeing global governance as a matter of not only consensus and cooperation but also as a perpetuated institutional bias and privilege and constraints²⁵.

²⁵ Ibid., 17

c. Structural Power

The third type of power is structural power. As seen in the taxonomy of power, structural power concerns the shaping of actors' capacities that are constituted in and through social relations in a direct and mutual manner. Barnett and Duvall defines structural power as a co-constitutive (thereby mutual) relation that determines what kind of social actors are in terms of capabilities and interests through a directly or internally related relations of structural positions.²⁶ Because structural power shapes the fate of actors by associating capabilities and interests in their internally constructed positions, it allocates unequal social privileges but also shapes the self-understanding and subjective interests. The consequence of structural power leaves actors to "accept their role in the existing order of things"²⁷ and perpetuate the existing structure that generates differential capabilities and privilege. This taxonomy of power bears resemblance to a myriad of theories including Marxist theory of structuralism and Wallerstein's world system theory. The upper structural position of the WHO HQ in Geneva in relation to its regional offices can be cited as an example of structural power.

d. Productive Power

Last but not least, the fourth type of power in the taxonomy is the productive power

²⁶ Ibid., 18

²⁷ Lukes 1975, *Power: A Radical View*. Houndmills, England: MacMillan Education, 54

which concerns the production of subjects from socially diffuse social relations. Because both structural and productive power deal with the social relations of constitution that determine what actors are as social being in shaping respective subjectivity, therefore it can be difficult to discern the difference between the two constitutive powers at first glance. The difference between structural power and productive power lies in the social positions occupied by subjects at question. In case of structural power actors are structurally constituted in a sphere of relationship that internally relates actors in positions of domination or subordination, whereas in case of productive power since it is constituted through a diffuse manner does not limit actors in a specific sphere of relationship but comprises the constitution of all kinds of social subject through systems of knowledge and discursive practices²⁸.

Concept of knowledge and discourse make up the essential ingredients that empower a certain actor with productive power²⁹. The exercise of productive power through the discourse refers to systems of signification such as dissemination of knowledge. For example, definition of a concept that gains broad acceptance can be seen as an exercise of productive power by the subject that has given a meaning to the concept. In this vein the matter of “governing” goes beyond the scope of cooperation and collaboration and becomes a matter of which fixation or knowledge settles to predominate or legitimate. Seeing governance and global governance in terms of

²⁸ Michael Barnett and Raymond Duvall 2005, “Power in Global Governance”, in *Power and Global Governance* (Cambridge University Press, 2005), 20

²⁹ Ibid., 20-21

different aspects of power complicates governance much more than seeing through the lens of neoliberalism.

3. Methodology

Current literature on governance tend to focus on the (neo)liberalist perspective of governance but this paper intends to apply novel constructivist approach to power in order to assess what kind(s) of power governance the WHO had exercised at the onset of a newly emerged infectious disease, the SARS. As mentioned in the literature review there are different levels of governance; the level in question in this paper will deal on the global or international governance since the subject of study is the WHO an international organization. For the scope of this study other actors involved in the containment of the SARS outbreak such as the WHO partnering institutions of GOARN and national authorities affected by SARS will also be dealt in the analysis. The paper will try to elucidate what kind(s) of power the WHO had exercised during the SARS outbreak which began in February 2002 until July 2003 when the WHO officially declared the outbreak as being contained.

Analysis of the WHO will be centered using primary documents published by the WHO such as the yearly published *World Health Report*, the *Weekly Epidemiological Record*, Daily Updates posted by the WHO on its website at <http://www.who.int/topics/sars/en/>, World Health Assembly Resolutions, frameworks

published by the WHO and scholarly journals. The method used in elucidating what kind(s) of governance the WHO had exercised is through inductive reasoning, that is primary documents will be analyzed by classifying different activities undergone by the WHO from March 2003 when the WHO was officially reported of SARS cases until July 2003 and then inducting the kind of power that coincides with the framework of Barnett and Duvall. Upon analysis of different strategies to contain SARS, two dimensions will be used in order to classify different forms of power. The first dimension is the kind of social relations consisting of the relations of interaction and that of constitution and the second dimension is the specificity in which the two social relations mentioned above works in a direct and specific manner or in indirect and socially diffuse manner. As the scope of this research is limited to the case of SARS outbreak, the method applied to analyze the power governance of the WHO cannot be generalized to the governance of the WHO in whole.

III. Overview of the Outbreak of SARS

1. Epidemiology of Severe Acute Respiratory Syndrome (SARS)

SARS is a newly identified acute viral infection caused by a novel coronavirus, the SARS coronavirus (SARS-CoV) completely different to the family of coronavirus found in humans and animals that has recently crossed the species barrier from animals to humans³⁰ transmitting the disease mainly through close person-to-person contact. The nomenclature of the disease was announced by the WHO in 15 March 2003 incorporating the severity of the symptoms SARS had presented itself with. To note the words of Dr. Lee Jong Wook the late director general of the WHO said “the SARS epidemic is the first epidemic in the 21st century but it will not be the last”. As the world is becoming more interdependent and borders more porous so is the risk of pathogens to spread globally without recognizing physical barriers between nation states. Therefore in retrospect, the SARS epidemic is often quoted as a test for WHO health policy, the IHR and the WHO’s capacity and effectiveness of disease containment against a transnational threat.

What is now called SARS was first recognized in February 28 2003 in Vietnam by a medical officer of the WHO, Dr. Carlo Urbani based in Vietnam who notified the WHO Regional Office for the Western Pacific of an alarming cases of atypical

³⁰ WHO SARS Risk Assessment and Preparedness Framework, Oct 2004, 4

pneumonia³¹ although it was only after a month that a WHO team dispatched to China in late March 2003 had concluded the emergence of the SARS had been traced back in mid November 2002 in the Southern Province of china in Guangdong³².

a. Clinical symptoms of SARS

The global alert was issued by the WHO calling for increased attention to patients manifesting the following symptoms to report immediately to health authorities and the WHO as such individuals can be recognized as suspected or probable case definition of SARS publicized by the WHO. In the *Weekly epidemiological record* issued by the WHO in 4 April 2003, based on gathered information from WHO local teams and national health authorities, revised the cases definition in detailed manner than in the previously published *Weekly epidemiological record* issued in 21 March 2003. The following individual constitutes a suspect or probable case of SARS if

Suspect case

A person presenting after 1 November 2002 with history of high fever (>38 C)

AND, coughing or breathing difficulty

AND, one or more of the following exposures during the 10 days prior to the onset of symptoms

³¹ WHO, severe acute respiratory syndrome (SARS): Status of the outbreak and lessons for the immediate future. Geneva. 2003. 3

³² WHO Update 95-SARS: Chronology of a serial killer

-close contact³³ with a person who is a suspect or probable case of SARS

-history of travel, to an affected area³⁴

OR

A person with an unexplained acute respiratory illness resulting in death after 1 November 2002, but on whom no autopsy has been performed

AND, one or more of the following exposures during to 10 days prior to onset of symptoms:

-close contact, with a person who is a suspect or probable case of SARS

-history of travel to an affected area

-residing in an affected area

Probable case

A suspect case with radiographic evidence of infiltrates consistent with pneumonia or respiratory distress syndrome (RDS) on chest X-ray (CXR).

A suspect case autopsy findings consistent with the pathology of RDS without an identifiable cause

The WHO stressed that the purpose of SARS alert was for early detection of individuals who developed such symptoms notify local health authorities and in turn requested prompt report the case to the WHO to stop further spread of the disease in

³³ What defines as close contact according to the WHO: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a suspect or probable case of SARS

³⁴ The WHO defines such area as: an area in which local train(s) of transmission of SARS is/are occurring as reported by the national public health authorities

order to break further human-to-human transmission. The case definition created by the WHO was published in the *Weekly Epidemiological Record* and on the WHO SARS website in socially diffused way available for broad public and concerned authorities to be aware of the symptoms and detect the disease as quick as possible. The causative agent of SARS had been found only after a month of intensive research by a network of laboratories set up and coordinated by the WHO, which in ordinary case would have taken months of research as noted Dr. Heymann the Executive Director of WHO Communicable Diseases programmes³⁵. As the disease had declared to have been contained globally in the month of July 2003, the WHO and its partners moved on the post outbreak period of SARS publishing an updated version based on all the information previously gathered by the WHO.

b. Laboratory findings of SARS

As the cause of the disease had been announced the natural step of the WHO and its network was to find a reliable diagnostic test to rule out cases of non SARS. Contrary to the optimistic climate of hope for developing diagnostic tests particular traits pertaining to SARS only rendered the diagnosis of SARS more difficult. The WHO warned throughout the period of March to July 2003 that although there were three available diagnostic tests: first the ELISA test, an antibody detecting test from 20 days after the onset of clinical symptoms, second the IFA test detecting antibodies from the

³⁵ WHO Update 31-Multi-country outbreak

10th of infection but takes time and requires the actual growing of the virus in a cell culture and finally the PCR test that can detect the presence of genetic material of SARS since its causative agent was available but created loopholes of false-negatives that could possibly circulate a false sense of security endangering the spread of SARS outside a confined environment of a hospital setting³⁶. Thus the WHO consistently warning the need to stay cautious in using available diagnostic tests and the WHO recommended in an updated version for preparedness framework for SARS a mixture of tests for confirming the presence of SARS virus³⁷. The WHO continuously posted up-to-date verified information of progress of laboratory findings on research for a reliable diagnostic test coordinating seventeen laboratories situated in 9 countries through a network of partners established by the WHO³⁸.

c. Chronological Events of SARS

In order to grasp the intensity and the impact SARS had caused to the whole of the global community back in 2003, it is necessary to account for SARS from different aspects in terms of epidemiology, clinical symptoms and laboratory aspects of SARS. The outbreak of SARS is thought to have emerged in 16 November 2002 in Foshan City. Initially small clusters of cases had occurred separately dispersed in at least seven municipalities in the Guangdong Province. The initially small and sporadic cases

³⁶ WHO Update 23-Multi country outbreak

³⁷ WHO guidelines for the global surveillance of severe acute respiratory syndrome (SARS), October 2004, 12

³⁸ WHO Operational response to SARS. http://who.int/csr/sars/goran2003_4_16/en/

during the period of November 2002 to January 2003 was subsequently followed by a sharp rise of infected cases in the first week of February 2003 mainly through nosocomial spread among health care workers.³⁹

The spread of SARS went global in 21 February 2003 when a medical doctor who had treated what is now identified as SARS patients in Guangdong spent a night at the Metropole hotel in Hong Kong became ill himself and unknowingly transmitted the disease to at least 16 guests staying in the same floor. These visitors thereby exported the disease into other countries notably to Singapore, Toronto and Viet Nam via international air travel.⁴⁰ As can be seen in the graph provided by the WHO in the World Health Report published in October 2003, the number of probable cases affected by SARS peaked during the months of March and April and in total, 30 countries have reported the emergence of the disease. The total number of cases affected by SARS surpassed 5000 cases on 28 April, 6000 on 2 May, 7000 on May 8 and as of 7 August 2003 the cumulative number of cases is reported to have been 8422 cases and 916 deaths with a fatality ratio of 11% but as high as reaching 50% in cases of people above 65⁴¹.

As can be seen in the map of countries affected by SARS, mainland China alone has

³⁹ WHO 2003. SARS: lessons from a new disease. In *The world health report 2003: shaping the future*, 74

⁴⁰ WHO Update 95-SARS: Chronology of a serial killer.

⁴¹ WHO 2003. SARS: lessons from a new disease. In *The world health report 2003: shaping the future*, 75. WHO, severe acute respiratory syndrome (SARS): Status of the outbreak and lessons for the immediate future. Geneva. 2003. 2,

recorded 5327 probable cases of SARS accounting for more than 60 % of total cases of SARS.

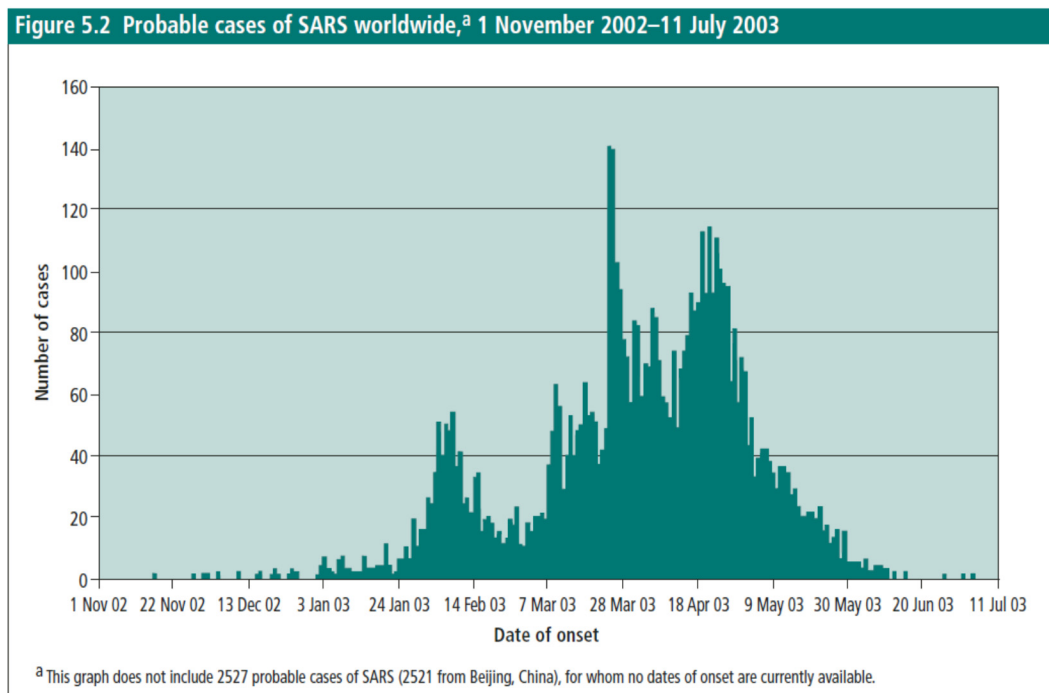


Figure 3.

Source: World Health Report 2003, WHO. Geneva

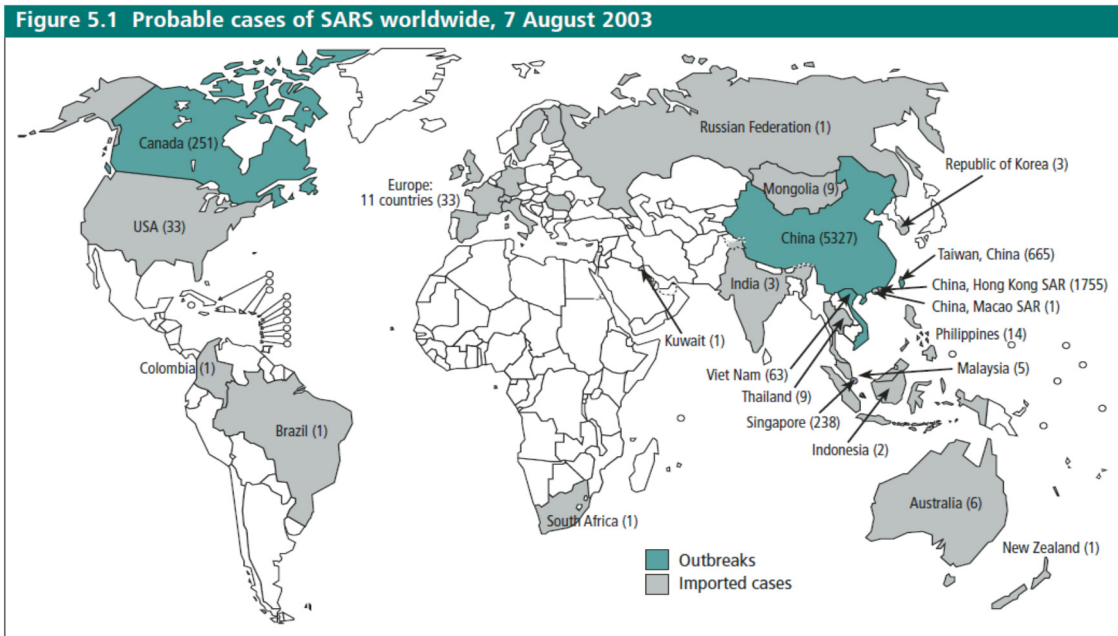


Figure 4.
Source: World Health Report 2003, WHO. Geneva

2. Legal Framework for Infectious Diseases: International Health Regulations (IHR)

The IHR was first adopted in 1969 by the Twenty-Second World Health Assembly on 25 July 1969 with the purpose of ensuring the maximum security against international spread of disease with a minimum interference with world traffic⁴². The IHR are the only set of binding treaty from the establishment of the WHO in 1948 until the year 2000 that obliges its member states to report immediately outbreak of three epidemic-

⁴² World Health Organization(1983), International Health Regulations(1969), 3rd ed. Geneva: The Organization

prone diseases with a potential to spread internationally that are cholera, plague and yellow fever⁴³. Once reported WHO states it will publish in the *Weekly Epidemiological Record* as can be seen in Figure 4 the daily mechanism for report to the WHO.

Although the IHR stand as the only set of rules that are binding to its members states it was considered as an obsolete and passive mechanism of surveillance for the following reasons: first because of the decision of reporting “quarantifiable” disease were left to upon the states and often by fear of economic costs states intentionally chose not to report to the WHO leaving doubts on effectiveness and the capacity of the WHO to lead the international community as the apex institution in field of health sector, the second obstacle to the efficacy of the IHR is the limit in its coverage of only three diseases mentioned above and lastly the WHO was the allowed to receive information only from member states clearly limiting the effectiveness and power of the WHO. The shortcomings of the IHR stand as another among other reasons why the WHO has been the subject of harsh criticisms in issues of ineffectiveness, passiveness and dependence on member states

The new IHR adopted in 2005 divorces from its obsolete version of 1976 from many aspects, the most important feature that can be observed is in its purpose and

⁴³ Ibid.,

broadened scope to not only fight against a public threat but to prevent one⁴⁴. Also, the coverage of diseases states must report to the WHO has been expanded from 3 diseases to 15 diseases including SARS and also allowing the WHO to receive information and reports of outbreak cases from not only the states but also non-governmental actors thereby reflecting a more proactive role of the WHO⁴⁵. Indeed although the new IHR was adopted in 2005, as early as 2000 the WHO had established a network of worldwide institutions, the GOARN which in the advent of SARS was successfully deployed by the WHO in effectively governing the outbreak.

Efforts to revise IHR dates back in the late 1990s and resulted in an interim 1998 draft. However it was SARS, an actual emergency outbreak that gave the final incentive for the WHA to adopt a new resolution for a timetable to revise the IHR. The new IHR strengthens the WHO surveillance capacity on diseases that poses as transnational threat to proactively respond to the emergency situations recognizing the power to name and shame states in case when states fail to comply with directives devised by the WHO. If IHR was revised in 2003 IHR would have given the WHO the power to obligate states to report upon request of the WHO opening the door for the WHO to address threats which does not necessarily concern infectious diseases⁴⁶

⁴⁴ WHO. *International Health Regulations*. 2005

⁴⁵ Mark Zacher and Tania Keefe, *The Politics of Global Health Governance: United by Contagion*, New York: Palgrave Macmillan, 2008, 64

⁴⁶ WHO. *International Health Regulations*. Art 7. 2005

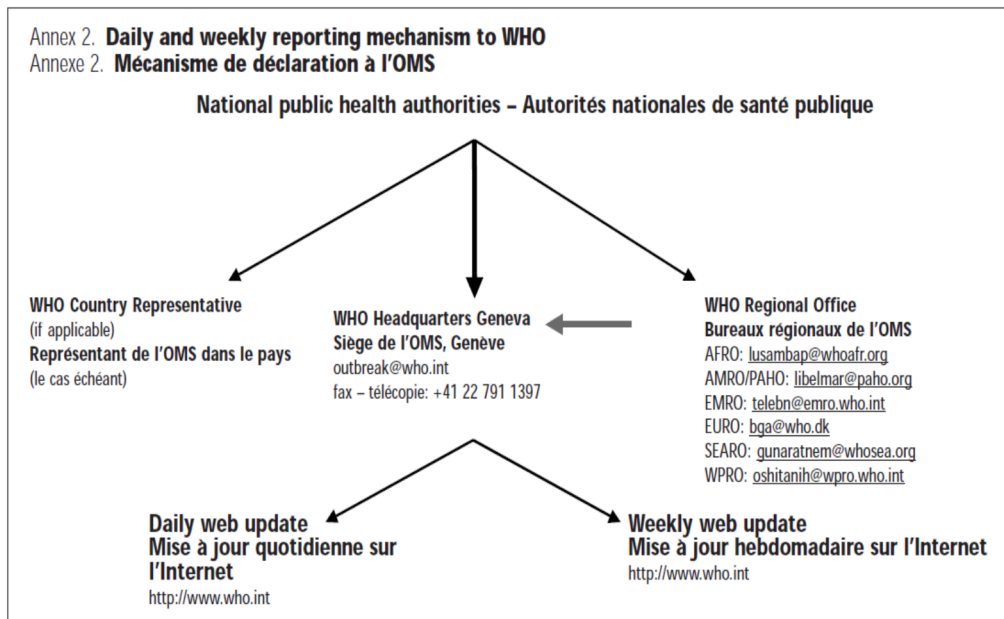


Figure 5.

Source: WHO, *Weekly Epidemiological Record*, NO. 14 2003 78

IV. WHO governance on SARS: A Power Based Approach

1. Decision and Rule Making Adopted by the WHO

1) Policies and recommendations of the WHO

In 11 February 2003 the WHO received a report from the Chinese Ministry of Health of an acute respiratory syndrome affecting 305 cases and 5 deaths in the southern province of China in Guangdong. Reports then informed the WHO that the outbreak in Guangdong was clinically consistent with featured symptoms of atypical pneumonia of unknown cause but that the outbreak was under control⁴⁷. However as a doctor who had treated the initial cases of what is now called SARS in Guangdong travelled to Hong Kong affecting 16 other guests and visitors staying on the same floor of the same hotel in late February who in turn, imported SARS to regions outside China to Singapore, Toronto and Viet Nam as these cases travelled through international route seeding the disease globally. It was in 12 March 2003 that the WHO issued the first global alert about cases of severe atypical pneumonia and began coordinating a network of Global Alert and Response Network (GOARN)⁴⁸ as cases kept mounting especially among health workers in Hong Kong and Hanoi, resources indispensable for the effective containment against a public health threat of such a

⁴⁷ WHO, severe acute respiratory syndrome (SARS): Status of the outbreak and lessons for the immediate future. Geneva. 2003. 1, WHO daily update 1

⁴⁸ WHO update 95-SARS: Chronology of a serial killer, 3

global scale.

Moreover, in 15 March 2003, the WHO raised the level of global alert by issuing an unprecedented a travel advisory in the history of the WHO on the countries affected by SARS declaring it “worldwide health threat” by former director-general of the WHO Dr. Brundtland at the time of SARS outbreak who emphasized on the commitment of the whole international community to work together to find the cause of the spread, provide treatment to patients and ultimately contain the disease⁴⁹. In the first travel advisory recommended by the WHO, a name was given to this formerly unknown disease as Severe Acute Respiratory Syndrome (SARS) a right that the WHO and no other institution has in the formal nomenclature of a disease. Following the 15 March issue posted by SARS the international community referred the disease as “SARS”.

From the beginning of the WHO’s alert of SARS, the WHO posted a daily update of SARS mounting up to 96 updates⁵⁰ until the disease was finally declared to have been contained in 3 July. The postings described in a detailed and repetitive manner real time information received by the WHO, ranging from press releases, the measures taken by the WHO and its partners, situation in countries affected by SARS and an update of accumulated cases based on suspect and probable cases of SARS on each

⁴⁹ World Health organization issues emergency travel advisory.
http://www.who.int/csr/sars/archive/2003_03_15/en/

⁵⁰ http://www.who.int/csr/don/archive/disease/severe_acute_respiratory_syndrome/en/index.html

countries⁵¹, progress of scientific knowledge of epidemiological, clinical, laboratory findings on SARS. All the information the WHO had obtained was posted openly and transparently by generating a function of knowledge dissemination by the WHO, the headquarter situated in Geneva as the site that provides a channel for communication between the WHO and the international community as a whole since SARS was declared a public enemy in hopes of raising public awareness of SARS repeatedly stressed in a myriad number of daily updates posted by the WHO. For example when disseminating a certain information such as the case definition developed by the WHO, it is followed by elaboration on reasons why a measure has been taken by the WHO as aiming to early identification is indispensable in allowing countries that have imported the disease to be more prepared on how to respond and thereby reduce the extent of any risks of local transmission within its borders⁵².

The WHO made the decision to issue another and heightened alert on SARS based on five related factors. First, the causative agent was undetermined and there was a possibility that it could potentially continue to spread as evidence by the process of SARS, characteristics that pertain to SARS only and to this day remain elusive would be have vanished on its own as scientific findings about aspects of SARS kept presented to the WHO.⁵³ Second, the record of cases showed the unknown disease seemed to pose a serious risk to health workers, family members and other close

⁵¹ <http://www.who.int/csr/sars/country/en/index.html>

⁵² Refer to 38

⁵³ WHO update 27-Multi country outbreak, 7

contacts of patients, third currently treatments of drugs such as antibiotics and antivirals used in similar symptoms of SARS had proven unsuccessful, fourth despite the small number of cases, it was alarming that a significant percentage rapidly progressed to respiratory failure in formerly healthy persons and last but not least the disease resulted in spreading to North America, Europe and other Asian countries moving out of its initial focus that is China.⁵⁴ The decision taken by the WHO shows the proactive attitude the WHO chose to take on in operating a global response to SARS.

When SARS was publicized as a global threat to public health by numerous decisions, recommendations taken by the WHO following a previously prepared framework for emergency outbreak resulted in the production and dissemination of new information which in turn resonated deeply and completely transformed the landscape of the international community in the process of day-to-day struggle against SARS.

2) Power relationship : WHO Productive Power

The role that WHO decided to take on from its very beginning can be considered as a form of productive power. All the documents published and posted by the WHO provide a profuse amount of information evidencing of the presence of a conspicuous

⁵⁴ WHO, severe acute respiratory syndrome (SARS): Status of the outbreak and lessons for the immediate future. Geneva. 2003.,4

productive power. The outbreak of demonstrated the capability of the WHO to coordinate response and surveillance mechanism, the ability to gather all the incoming information from various sources due to its stretched out network⁵⁵, to process a bulk of considerable amount, to inform the essence of the process of an emergency response and ultimately to control and contain the outbreak⁵⁶.

To begin with the analysis of productive power the dimension in of the kind of social relations existed among diverse actor can be considered a relation of constitution for the reason that determined the capabilities of the WHO but also that of other actors. Because the WHO had multiple tasks in the response system it is necessary to distinguish the WHO as coordinator and WHO as informer. The exercise of productive power does not reside in pulling the reins and controlling others⁵⁷ but rather how the process of fighting against SARS has resulted in determining the capabilities of the WHO.

The second dimension, the extent of specificity allows for easier distinguishing two roles of the WHO, the latter in exercising power from a socially distant and indirect way for a broad public through a process of discourse generating new meanings. For

⁵⁵ Marc W. Zacher and Tania J. Keefe (2008), Disease Containment: Surveillance Systems, emergency Responses, and Transborder Regulations in The Politics of Global Health Governance: United by Contagion, 42-75,64

⁵⁶ Michelson, Evans. Dodging a bullet: WHO, SARS, and the Successful Management of Infectious Disease, Bulletin of Science Technology & Society, Vol. 25, No.5 October 2005,3 79-386,381

⁵⁷ Refer to 25

examples, giving definition to the disease, to what constitutes an area of recent transmission, the posting of cumulative cases of SARS in different countries, informing the progress on identification of the pathogen, methods effective in clinical treatments, etc, in not only on its website and regular reports does reside in attaining an extent of control over others. As the disease had amplified in the months from March and April the process of discovering new facts and disseminating new information effected in giving power to the WHO these measures were not forced to be applied but nevertheless were implemented by countries affected by SARS because these countries due to dissemination information understood the severity of the disease and eventually comply to the measures posted by the WHO. The fact that “many hospitals staffs cited the WHO advisory as a reason why cases were quickly detected and isolated” and “areas experiencing imported cases” achieved the goal of preventing further transmission and kept the number of locally transmitted cases very low⁵⁸ evidencing the exercise of the WHO productive power.

To put things short, the information produced by the WHO, made available in open and transparent manner shaped the self-understanding of not only affected countries but also the broad public to be aware of the existence of a new disease and use such knowledge by mutually constituting the capabilities of the whole international community by producing them as social actors cognitive on how to react to SARS.

⁵⁸ Refer to 27, 6

It is in retrospect that the alert of the WHO appropriate and only As the WHO issued global alert the latter with more severity caught the attention of the countries that were affected by the disease and begin reporting as written out in the *Weekly Epidemiological Record* published in 21 March cases of SARS. The WHO in turn took the prompt report of cases as effectiveness of the global network established by the WHO and proof of exercise of productive power, mentioning in an update that “the worldwide awareness of the disease has been demonstrated by the number of countries reporting to WHO”⁵⁹ or “surveillance systems are sensitive, communication channels are open, and reporting is rapid”⁶⁰. As written in the 83th update on SARS that “containment of SARS requires unprecedented solidarity and makes such an effort a matter of self-interest”⁶¹, local authorities understood that reporting was a voluntary action that aligned with their interests because WHO exercised power to produce and shape a path that allowed for the convergence of interests of diverse actors into a common ground of breaking the spread of disease.

Ironically the first global epidemic gave the opportunity for the WHO to prove its power showing capability of coordinating and informative capacity to quickly gather, process specifically because SARS was a truly unknown disease, and in order to effectively contain the disease the resource that proved the most important was that of knowledge and disseminating of such knowledge as source of information through

⁵⁹ WHO. Update 8-Multi country outbreak. 2003

⁶⁰ WHO. Update 2- Multi country outbreak. 2003

⁶¹ WHO. Update 83-One hundred days into the outbreak. 2003

various means of communication such as the media, the internet, press release in socially diffuse manner.

2. The WHO Surveillance Mechanism through GOARN

1) Creation of GOARN

In light of recognition of deepened interdependence and interconnectedness through increased international trade and travel so was the likeliness that a pathogen could potentially threaten the public health of the international community. As demonstrated by the case of SARS, in only by a few hours through international travel by airplane it had been able to be transported around the globe without being identified and showing outward symptoms. However despite the possibility and potential for international spread, there were apparent gaps and constraints in the current alert and response system that did not address in systematic manner this heightened dependence and connectedness.

As early as 2000 in the *Bulletin of World Health Organization, 2000*, Cash and Narasimhan noted that “it is widely agreed that a global surveillance network system for infectious diseases would help significantly to control their spread”⁶² and

⁶² WHO, *Bulletin of the World Health Organization*, 2000, Geneva, 1358

particularly there was a consensus that “global surveillance should be proactive”⁶³. Thus the WHO foresaw the challenge of the possibility that newly recognized pathogens could emerge, well-characterized epidemic-prone diseases could reoccur and existence of accidental or deliberate release of biological agents⁶⁴ by bringing together existing institutions into a partnership of for alert and response purposes in the outbreak of international spread of an infectious disease so that appropriate assistance reaches the affected states promptly and leads to reducing mortality, and to prevent the spread and recurrence of the disease⁶⁵.

Indeed the outbreak of SARS can be said to have been a roll out of a prepared framework created and coordinated by the WHO and GOARN acting as the operational arm of the WHO during the struggle to contain SARS⁶⁶. When the opportunity had presented the WHO had stepped up as the leader and took on a proactive attitude from the beginning. GOARN is network links more than 120 surveillance and response partners worldwide. The Canadian Global Public Health Intelligence Network (GPHIN), a member of this network was the institution that picked up a case in November 2002 which was later on recognized as SARS⁶⁷ and had place an alert on GOARN. A framework published by the WHO in 2000 lays out the three major

⁶³ Ibid., 1364

⁶⁴ WHO. Global Alert and Response. Report of a WHO meeting. Geneva 2000, 1

⁶⁵ WHO. A Framework for global outbreak alert and response. Geneva. 2000, 11

⁶⁶ Update 27-Multi country outbreak, 5

<http://www.who.int/csr/outbreaknetwork/goarnenglish.pdf>, WHO

⁶⁷ Heymann, David. The International Response to The Outbreak of SARS in 2003. The Royal Society. London 2004, 359,1127-1129, 1127

functions of GOARN as global alert, coordination of outbreak response and outbreak preparedness on both national and international level⁶⁸. The framework ascribes the WHO with the function of communication to publish all kinds of verified information on the WHO Website or in the *Weekly Epidemiological Record* and a secured website will be made available to the network⁶⁹ but more importantly underlines the structure by placing the WHO at the center of the network as the Operational Support Team is agreed to be placed at WHO in Geneva and at each of the WHO Regional Offices and the Steering Committee that is composed of members from partnering institutions and key WHO staff from the HG and the Regional Offices⁷⁰. Figure 6 is an outline all the functions allocated to the Team and the Committee in different steps taken under a response mechanism.

In accordance to this framework, the WHO announced in March 17 that it had set up activities with the aim of strengthening the international response including coordination through GOARN uniting 11 laboratories in 10 countries for the detection of the causative agent, dispatching field team in countries that have requested intervention of WHO team for management and risk assessment of the extent of SARS, a network to gather clinical knowledge specifically on symptoms, diagnosis, and a network to study aspects of epidemiology of SARS under the guidance of WHO

⁶⁸ WHO. A Framework for global outbreak alert and response. 2000

⁶⁹ Ibid., 11

⁷⁰ Ibid., 11-12

virologist Dr. Klaus Stohr⁷¹.

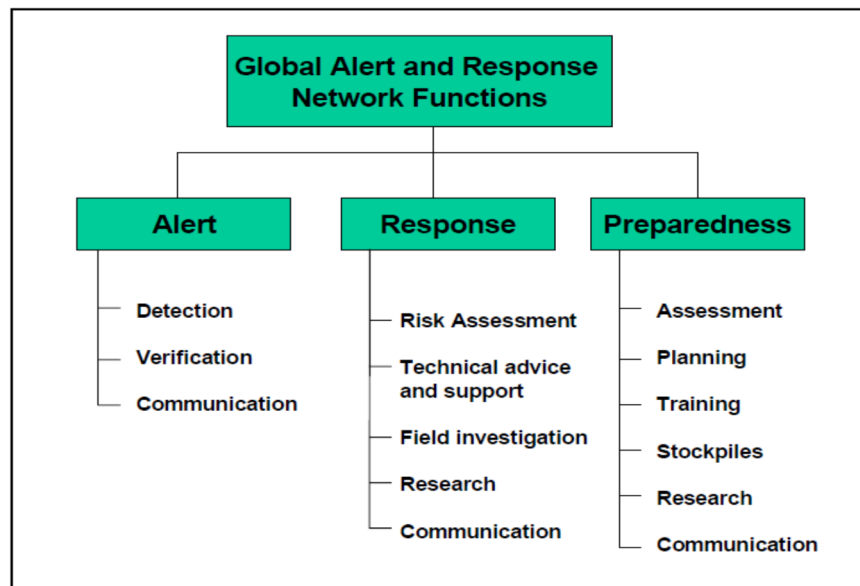


Figure 6.

Source: WHO. A Framework for Global Outbreak Alert and Response. 2000

2) Power Relationship between the WHO and its Partner Network GOARN

The Framework for global and alert and response sets up the skeleton on the role and functions to the network of GOARN. In accordance of this framework shown in figure 6, the WHO posted a total of 96 updates from 16 March to 5 July 2003 as an operational response mechanism with the aim of communicating to a broadly diffused people of the international community. At first glance, analysis of these daily updates shows that the character of the daily updates is essentially informative, thereby the goal

⁷¹ WHO. Update 2-Multi country outbreak, Update 6-Multi country outbreak, Update 95-SARS: Chronology of a serial killer, 4

of raising awareness and to stop further spread of the disease can be considered as attained; however information does not rule out a relationship of constitution between the actors intervening in the containment of SARS, as closer observation does indeed strip off the reality of existence of power in the way the response was being conducted. The purpose of this paper is to try to distinguish different forms of power of a single entity, the WHO using primary material issued by the WHO and journals based on the activities the WHO had undertaken throughout the strenuous journey of one hundred days of SARS.

a. Institutional Power

Under the predisposed framework for global alert and response mechanism the WHO had convened 11 leading laboratories in 9 countries in the beginning phase of response in 17 March 2003⁷² as the number of cases kept increasing more laboratories joined the GOARN from countries of affected areas a total participation of 13 laboratories in 10 countries⁷³ including laboratories from Hong Kong SARS adjusting the coordination of the network to assist the countries in most needed help since areas affected. As more laboratories joined the initial lot benefiting of invaluable knowledge about SARS and ultimately determined the causative agent which was achieved in 16 April 2003 in only a month after the network was set up by the WHO.

⁷² Refer to 29, 4

⁷³ Refer to 47, 9

Indeed, the process was quoting the words of Dr. David Heymann, “the pace of SARS research has been astounding...because of extraordinary collaboration among laboratories around the world, we now know for sure with certainty what causes SARS”⁷⁴. United around a global threat of contagion the world had never experienced before mounted the enthusiasm for lofty atmosphere of collaboration and cooperation but in was in fact by the very existence of constraint that prevented the urge for prestige and competition. As easy as it sounds, SARS presented as a challenge for both the WHO and the whole partnering institutions of GOARN and it was against the odds of working under very heavy pressure of discovering a new disease for the WHO to manage such a dense array of network. Only though the exercise of power could such a timely and effective response could have been achieved.

Although situated in dispersed regions of the world, the WHO managed to assemble the previously constituted actors who participated in GOARN interacted with one another in indirect and socially diffuse manner in terms of specificity of power taxonomy through means of virtual teleconferences on daily basis. The kind of social relations in question is that of interaction since the participating laboratories were previously constituted but under the coordination of WHO were convened by way of GOARN mechanism within a framework of a formally agreed institution that went into effect in the year 2000. What in otherwise would have been a contest and competition

⁷⁴ WHO, Update 31

and secrecy among prestigious laboratories in such a rare circumstance of an emergency outbreak like SARS these institutions were constrained under the mechanism of GOARN based on consensus⁷⁵.

The presence of institutional power constraining the behavior of actors is evidenced by the up-to-date information on SARS by the WHO mentioning that through a virtual collaboration these member institutions used a secured website to post various relevant information such microscopic pictures of candidate viruses, sequencing of genetic material of candidate viruses, descriptions of experiments and result but most importantly sharing of single sample for a unique sample to certify the results of research workings and also adds that the “well guarded” secret techniques that gave each prestigious laboratories its competitive edge were immediately and openly shared with others⁷⁶. Such arrangements allowed for sharing of information curtailing the overlap of efforts for efficient work and time needed to identify the cause of the disease as well as methods of diagnosis and treatments since different approaches of success and failures were shared by all the institutions throughout the whole process of the outbreak under the guidance of the WHO⁷⁷.

Thus the relationship between the WHO and GOARN partners show that a consensually based operation is another end of a continuous spectrum of power in

⁷⁵ WHO. GOARN. <http://www.who.int/csr/outbreaknetwork/goarmenglish.pdf>

⁷⁶ Refer to 46, 9

⁷⁷ Refer to 27,9-10

which a certain actor, the WHO in this case, working through the institutional arrangements of formally agreed rules and procedure has indirectly succeeded in guiding the behavior of other actors, notably the three networks of scientists set up by the WHO in the advent of SARS delineating to actors involved a division of labor giving power to the WHO which in turn was able to shape the agenda process to underline issues on convergence and limiting the very issues of divergence.

b. Structural Power

Analysis of activities undertaken by the WHO shows that institutional power is not the only form of power present within the relationship between the WHO and GOARN partners. The existence of a mechanism such as GOARN a dense network that connects more than 120 institutions around the globe is an establishment of a structure⁷⁸. From the establishment of 11 laboratories in 10 countries set up the WHO in 17 March the way in which WHO handled the situation can be seen as a governance of structural power. According to the taxonomy of power by Barnett and Duvall, structural power deals with shaping the capabilities of actors in constituting them as being a particular social actor in a direct and specific manner. *The Framework for global outbreak alert and response* ascribes the WHO and its partnering institutions with specific roles. Beneath the apparent horizontal structure based on consensus underlies a structure

⁷⁸ Ali Harris and Keil Roger. *Networked Disease: Emerging Disease in the Global City*. Wiley-Blackwell. 2008,231

based on hierarchy by constraining in a direct way from others institution to recognize their domination.

According to the *Framework for global outbreak alert and response*, the figure above shows the functions the WHO and its partners in all stages of disease outbreak management but the framework itself emphasizes the WHO will be involved actively and deeply in coordinating international response to the epidemic such as provision on technical assistance of medical equipment, allowing the initiation of measures to stop the spread of transmission, developing a network of laboratory, and devising surveillance mechanisms⁷⁹ all the functions actually fulfilled by the WHO as described in the 96 updates on SARS.

In terms of what kind of social relations exists between the WHO and other institution that are part of the network, constitutes a relation of constitution because most fundamentally there is a framework that sets and defines the role of social actors specifically and bluntly by producing the social capabilities in terms of designated structural positions. Also in terms of dimension of specificity actors are mutually constituted in direct relation to one another. This structural form of power generates and associates what are the interests and the capabilities of the actors involved in accordance to their structural positions. This network of multi-national institutions place the WHO at the center and placing other participating institutions as an extension

⁷⁹ WHO. A Framework for global outbreak alert and response. Geneva. 2000, 5

of WHO arm in terms of operation and thus ultimately empowering the WHO.

Due to its structural position as coordinator of the diverse network, the WHO is privileged through the exercise of structural power by the WHO although the HQ remains in Geneva its presence is manifested ubiquitously at different places at the same time. Structural power is present as this relation creates an asymmetry of advantages between the core and the periphery revolving around its core. Whatever GOARN achieves equals to WHO success because the creation of a system in itself show the ability of the WHO to assemble a worldwide net of experts shapes a self-understanding of WHO and mutually constituting the participating institutions to accept the asymmetry of social privilege⁸⁰.

In sum, the WHO relations with its network is a form of structural power because the structure of the network created by the WHO is a social relation of structural position shaping a self-understanding of the WHO as the coordinator of diverse array of multi-national institutions with expertise in its field that is consists of science, medical, public health, national disease control centers, non-governmental organizations, WHO Regional and country offices, media, other international bodies⁸¹ thus placing the WHO in the position more advantageous to receive reports from “on the ground⁸²” as

⁸⁰ Refer to 28

⁸¹ Michelson, Evans. Dodging a bullet: WHO, SARS, and the Successful Management of Infectious Disease, *Bulletin of Science Technology & Society*, Vol. 25, No.5 October 2005, 379-386, 381

⁸² Refer to 38

well as “in the air” through daily teleconferences any other actors within the internal structure which is why the extent of constitution can be categorized as direct and specific. Thus, power is given to the WHO as final destination of information, it is the WHO through a process of assembling the information needed to respond effectively to the emergency situation, then processing all the information from a handful of intelligence and finally published by the HQ in Geneva.

3. Assistance Provided by the WHO

1) Relationship between WHO and China: behavioral change from Chinese authorities

China was the country where the first case of SARS is thought to have occurred in 16 November 2002. As mentioned earlier in the map featuring the countries and the total number of SARS cases, China stood out with 5327 cases and 348 deaths in the last of the series of up-to-date posts⁸³ leaving with no doubt as formulated by the WHO executive director for communicable diseases “China as epicenter of SARS”⁸⁴.

For a brief comparison, in response to the numerous recommendations published by the WHO local authorities have faithfully applied them, Singapore has especially been

⁸³ WHO. Update 96-Taiwan, China: SARS transmission interrupted in last outbreak area. 2003.

⁸⁴ WHO Update 72-Situation in China

praised several times as being “exemplary and “one of the most successful countries in its response to SARS”⁸⁵ in its adoption of faithfully implementing aggressive containment measures of isolation of case patient, quarantine of 10 days at home of individuals traced back from suspect or probable case to the extent of mobilizing police force to supervise compliance of quarantine such⁸⁶, thorough contact tracing, stringent infection control of hospitals, screening of passengers traveling, etc.

However the relationship between the WHO and China shows a different pattern than that of other countries. As the outbreak of SARS exacerbated, China manifested a change of behavior illustrating both relations of interaction and constitution. During the initial phase of what is now been traced back as first outbreak of SARS in 16 November 2002 until February the Chinese authorities were uncooperative. From January although there were rumors of atypical pneumonia circulating in hospitals of Guangdong, during the months of December and January China did not report to the WHO. As noting the words of Dr. Guenael Rodier, chief of WHO communicable telling “it was dead silence from China”⁸⁷. Only three months after the initial outbreak, 11 February the WHO received a report from the Ministry of Health in China upon official request of the WHO in response to a message received by the WHO describing the atmosphere in China a “panic” of an outbreak of acute respiratory syndrome after then reports from China had ceased showing outwardly that China did not report

⁸⁵ WHO. Update 53-Multi-country outbreak. 2003

⁸⁶ WHO. Weekly Epidemiological Record. 2003, 78,157-168, 161

⁸⁷ <http://www.nytimes.com/2003/05/04/world/as-sars-outbreak-took-shape-health-agency-took-fast-action.html?pagewanted=all&src=pm>

faithfully to the WHO in accordance to the IHR. Moreover, although a team of two WHO official were sent to Beijing to investigate the situation in China they were refused the right to investigate the region of outbreak⁸⁸.

Unlike other countries that began active reporting of SARS cases on daily as recommended by the WHO on the *Weekly Epidemiological Record* China was the only country not reporting back. The initial attitude of the Chinese behavior is a typical feature of pre-constituted sovereign states acting selfishly but as the magnitude of the disease had intensified and propagated the behavior of China slowly changed. In March 17 China reported cumulative number of cases of SARS including documents of cases concerning the November 2002 outbreak⁸⁹ and although a WHO-GOARN team were sent to Beijing as a response measure only in 2 April China finally granted permission to travel to” immediately” to Guangdong⁹⁰ a date that is pivotal in the whole course of SARS timeline as China discloses its cases and becomes the country most affected by SARS. The interactions between the WHO and China began in 23 March 2003 when a team of WHO-GOARN arrives in Beijing⁹¹ conducting discussions with different levels of officials and as China joined the process of collaboration the WHO team and local and national health authorities began to collaborate in active manner.

⁸⁸ Ibid.,

⁸⁹ Refer to 51

⁹⁰ WHO. Update 18-Multi-country outbreak

⁹¹ WHO. Update 8- Multi-country outbreak

2) Power relationship between the WHO and China

a. Institutional Power

The WHO was able to interact with China on the ground, as China opened to the WHO. Through the mechanism of GOARN, a relation of interaction was formed. From 2 April, the relationship between these two entities became the center in the process of effectively containing SARS. As cases of SARS kept accumulating the bulk of Chinese outbreak, China ranked first among a total of 30 affected countries. The existence of the WHO's institutional power is present because the diverse measure employed by the WHO such as enlisting the China as area of recent local transmission starting with Hong Kong SAR and Guangdong Province in 2 April⁹². The initial measure of travel recommendation was reinforced as the number of cases continued to increase in the months of April to an extent that the WHO recommended restriction of travel, a level heightened compared to a travel recommendation and listing China as an area of recent local transmission. Moreover progressively, measure were extended to Beijing and Shanxi Province in April⁹³ and adding Tianjin, Inner Mongolia in May⁹⁴ as a WHO field team in China joined by officials from Chinese health authorities conducted the investigation of the outbreak situation in numerous regions in China. The action to issue travel advisory and enlisting China as area of recent local

⁹² WHO. Update 17-Multi country outbreak

⁹³ WHO. Update 37-Multi Country outbreak

⁹⁴ WHO. Update 50- Multi Country outbreak

transmission can be considered to have constrained Chinese behavior resulting in a more cooperative attitude from the Chinese counterparts.

Thus a series of WHO recommendations has effected in inducing a change of behavior on the part of China into a more cooperative and collaborating⁹⁵ and raising the level of political commitment. This form of power performed by the WHO can be said to have been exercise indirectly. Indeed as seen in the beginning phase of the interaction with China, the WHO did not have the means to force China into allowing the WHO team to travel to Guangdong and obligate China to fully cooperate. Rather the WHO had acted by the workings of recommendations, rules and procedure to gain an extent of power over China because in cases of outbreak of global infectious disease the WHO stands in a more advantageous position as an international organization. The WHO demonstrated the capability to promote collective action and ultimately succeeded in changing completely the actions of Chinese authorities. It is a form of institutional power because the exercise of power works in indirect manner over a span of time rather than in direct and instant manner as a compulsory power would manifest and giving power over the WHO more assertiveness over China in controlling and shaping the process of containment.

b. Productive power

⁹⁵ WHO. Update 13-Multi-country outbreak

The impact of WHO measures of travel advisory and progressively expanding such measures in numerous regions of China can certainly act as an incentive to refrain from seeking narrow interests. Chinese reaction to fully disclose its extent of SARS outbreak had been criticized and backfired against China. Statistics on SARS cases back up the fact that China was the last country to contain SARS ranking China last in lifting of travel recommendation in 24 June 2003 and the lifting of recent area of transmission⁹⁶ in 5 July 2003.

However the change that occurred in the behavior of China can also be cited as an effect of power through a relation of constitution in making a new social kind of actor, that is the operation of productive power. No one could have anticipated the awareness and the magnitude that SARS had affected to the whole international community. During the initial phase of SARS outbreak the months of mid-November 2002 to January 2003 SARS only affected a small clusters of people but began amplifying from the month of February when China first disclosed its number of cases mounting to more than 300 cases.

The relationship between the WHO and China took on a new course when the Chinese MOH requested a WHO team be dispatched to China and investigate the area of Guangdong Province in China to find out that China was managing cases in

⁹⁶ WHO Update 92-Chronology of travel recommendations, areas with local transmission

accordance to the WHO guidelines⁹⁷. China also announced the creation of a novel electronic surveillance network throughout all the regions of China for the effective and prompt reporting of cases featuring a proactive attitude to combat SARS in a joint manner with the assistance of the WHO announcing SARS as top priority⁹⁸. The high political commitment is evidenced by the words of Hu Jin Tao demanding “accurate, timely and honest reporting of the SARS situation”⁹⁹. In return the WHO announced through its daily posting WHO’s intentions of working closely with China to stop the spread of SARS and recommended new measure tailored to Chinese situation as a result of joint field team of WHO experts and Chinese health officials¹⁰⁰ and WHO also opened more to China, Dr. Heymann praising the openness of China in welcoming WHO team and announcing the measure taken by China as “excellent”¹⁰¹.

This is the reason why productive power works in mutually constituting the shaping the new social actors in the sense that this relation of constitution produced in a step by step manner, new China that is a cooperative and reliable partner to combat along the international community not because China was forced to act so a process gave new meaning and self-understanding to China that it was its best interest of China to behave reliably. Indeed, during the process of issuing and lifting travel advisories the WHO continuously repeated that transformative shaping of abilities of local actors happened

⁹⁷ WHO. Update 10-Multi- country outbreak

⁹⁸ Refer to 87, Update 20-Multi country outbreak

⁹⁹ WHO. Update 33, 35

¹⁰⁰ WHO. Update 18, 26, 45

¹⁰¹ WHO. Update 72-Situation in China

not only because the WHO had power over local authorities in persuading to comply to the measures recommended by the WHO shown through the institutional power but also because of generation of a new self-understanding. As every local authorities including China became aware of the full spectrum of SARS spreading in 30 countries they made the fight against SARS a matter of self-interest¹⁰².

The WHO also emerged as a new social actor with the assistance of partnering institutions and local authorities as the “governor” clearly demonstrating the capability of coordination, leadership, active dissemination of knowledge and information through a process of gathering all verified methods of containing SARS. As the number of cases commenced to dwindle from two digits to a single digit in countries severely affected by SARS, showing signs that SARS had reached its peak, the WHO assertiveness of successful containment became more apparent. Thus the WHO became more confident and optimistic¹⁰³ in containing SARS as newly recommended measures were applied by affected countries adjusted in accordance to the level of risk assessment provided by the WHO and resulted in the dwindling of SARS case, the WHO gained confidence that SARS in China could eventually be contained.

As the response methods coordinated by the WHO proved effective in breaking the human-to-human chain of transmission, the WHO stepped to the next level of response

¹⁰² Refer to 52

¹⁰³ WHO. Update 9, 48,54,58 62,69,72 to name a few.

that were the lifting of travel advisory and enlistment as area of recent local transmission. Such measure began in the month of May, again can be considered as proof that the WHO was more confident in its productive capacity to contain SARS adjusting specifically to the situation in China. For example China slowly opened to the WHO first by requesting the assistance of a WHO team to investigate the November case, thoroughly disclosing documents related to SARS, then permitting WHO team to travel to regions of not only the initial outbreak place, Guangdong but also other provinces, military hospitals. This change in Chinese attitude effected the WHO to seize the momentum by proactively recommending to China as investigations recommended the need to align more with the WHO guidelines¹⁰⁴, underlining overtly the strengths and weaknesses of the Chinese surveillance system. The WHO made propositions to Chinese health official¹⁰⁵ transparently posting the results of on-going investigations in China in a myriad of multi-country outbreak postings.

Thus observations of the WHO attitude has proven that the confidence of the WHO was manifested outwardly as a team dispatched in China noted “we feel we can make a difference here”¹⁰⁶ and also self asserted in a formal document published in May 2003 that the outbreak has further strengthened the capacity of the WHO to govern an infectious disease directing the WHO HQ as the “hub” of GOARN¹⁰⁷. Through a time

¹⁰⁴ WHO. Update 33-Multi country outbreak

¹⁰⁵ WHO Update 38

¹⁰⁶ WHO. Update 48

¹⁰⁷ WHO, severe acute respiratory syndrome (SARS): Status of the outbreak and lessons for the immediate future. Geneva. 2003, 8

span of four months as more evidence accumulated that centuries old methods of isolation and quarantine coupled with new high-technology measures of linking most advanced laboratories and experts around the world by internet, such events ultimately effected in producing a new assertive WHO towards China as it China was the laggard country, assisting China in its fight against SARS that WHO information and methods could be reliable and effective and therefore solidified the WHO's information as the predominant one.

V. Implications

Delineating different forms of power has proven more difficult than expected for the following reasons: the taxonomy used in this framework dealt with four forms of power in both relations of interaction and constitution. Due to the interconnectedness in this globalized society, discerning the dimension in terms of specificity whether actors were socially distant or in proximity was blurred due to the role played by internet and teleconferences rendering the delineation of power based on spatial distance or proximity ambiguous. To elaborate the argument, in the physical dimension, the WHO was clearly situated distantly in relation to other actors involved in the response and surveillance mechanism as well as national authorities affected by SARS (in exception of field teams by request of national authorities). However the whole process of teleconferences that were set up in daily manner convening not only the WHO but also other institution and actors from different corners of the world complicated the dimension of power framed by Barnet and Duvall. In sum it is observed that different social relations that were formed in during the containment of SARS turned out to be both a relation of not only interaction but also of constitutions.

The significance of the governance exercised by the WHO was generated by the use of the taxonomy of power. Although it didn't allow for clear delineation of different forms of power, the framework permitted to approach the WHO from a diverse perspective and allowed to see the interconnectedness of different forms of power and

admit that power does not necessarily has to result from use of material resources hinged upon a fix intention to act so. Among the different containment strategies deployed by the WHO in terms of surveillance, decision and rule making, financial and technical assistance; the surveillance mechanism has been the most prominent in the response against a newly emerged disease. This in turn is evidenced by the proactive role demonstrated by the WHO in the form of productive power. As mentioned earlier the WHO itself emphasized the sheer role of information¹⁰⁸, but it is one thing to recognize the contribution of information in the containment of SARS and another to imbue to information a dimension of power. The analysis of SARS proved as evidence that the WHO was capable of leading the global governance. Due to its broad mandate and empowered by the adopting of revision of the IHR 2005 it can be said that the WHO stood in a unique position to exercise power.

There are positive and negative lessons that can be learnt from this newly identified infectious disease. First, SARS has clearly demonstrated the need of a global surveillance and response capacity that acts as not only as a safety net in cases other global outbreak occurs but also as a more proactive mechanism to detect and respond to an outbreak in the future¹⁰⁹. If it weren't for the GOARN and WHO at the center coordinating different containment strategies, unveiling the disease might have taken months and SARS might have resulted into a quagmire. Indeed, in retrospect scientists

¹⁰⁸ Refer to 57

¹⁰⁹ WHO. World Health Report. SARS: lessons from a new disease. 2003, 73

around the world had concluded SARS would not have burned out on its own. Another reason why SARS can be cited as victory public health collaboration is due to the second factor that is timely reporting, establishment of channels of communication and provision of evidenced-based information¹¹⁰.

Second, this analysis has demonstrated the WHO was capable to govern the emergency outbreak acting as the leader that stood up to the task of combating against the disease. However it was by no means done by the works of the WHO alone. Multilateralism has become an integral aspect of the global health governance. Without the existence of a network surveillance mechanism, the GOARN, it would have been more difficult to contain the disease from the part of the WHO since SARS was an unknown disease and manifested acute symptoms on previously health persons. Containment of SARS is the result of a vast collaboration of more than one hundred scientists backed up with the most sophisticated technology assisting in the uncovering a new disease.

Health issues are intricately linked with political issues, which lead to the third implication posed by SARS, the need of high-level political commitment. SARS was a success because national authorities made SARS a priority after the WHO issued the second global alert in March raising awareness about an outbreak of a new disease

¹¹⁰ Richard, Smith. Responding to global infectious disease outbreak: Lessons from SARS on the role of risk perception, communication and management. *Social Science & Medicine* 63 (2006) 3113-3123. 3120

which in turn induced the reporting of cases gaining momentum around the globe. However it also implies as shown in the case of China, uncooperative at the beginning the WHO and GOARN can only be as effective as the information they were able to work with. Indeed, among the taxonomy of power used throughout this paper, the WHO failed to demonstrate the exercise of compulsory power implying its limit in the performance of hard power by the WHO. This lack of compulsory power is in accordance with the lack in the ability to provided financial assistance of the WHO as shown in its reliance on external budget of Japanese grant of US\$ 3 million to provided material assistance to countries affected by SARS or lack in the ability to oblige China to open cases in the early process of SARS. The perception of fear and panic¹¹¹ caused by SARS was greater than its actual risks and such an atmosphere of panic could have been avoided if the WHO was able to perform compulsory power making China cooperative in a direct manner. Despite lack of compulsory power, it is noteworthy that the impact of SARS was such that the WHO finally succeeded in adopting the revisions on IHR and it is hopeful in the future IHR will act as a proactive legal framework for the prompt reporting cases of infectious diseases providing the right amount of incentive that not reporting will only exacerbate the situation and risk will amount to an international spread as proven by the outbreak of SARS.

As expected the most significant power the WHO has exercised in its governance through SARS was the form of productive power. The proactive role demonstrated by

¹¹¹ Ibid., 3119. Refer to 58, 1129.

the WHO can be attributed to several factors that can be categorized as external and internal. Among the different strategies deployed by the WHO throughout the outbreak was that of surveillance. Fortunately for the WHO, it had already established a dense network of most sophisticated institutions with prominent expertise in related fields, sharing the burden of the discovery of a new disease. The WHO benefited from the information technology allowing the WHO as the ultimate power wielder into successfully directing the way to contain the outbreak. However the existence of external conditions alone does not account for the entire proactive role shown by the WHO. Internal leadership from the former director-general Brundtland also accounts for the way in which the WHO governed the SARS outbreak. As mentioned earlier for the first time in the history of the WHO issued travel advisories under the charismatic leadership of Dr. Brundtland enabling a more proactive and assertive WHO unknown before. The broad of the WHO mandate that genuinely aims for a better health of all the international community also accounts for another internal factor why the WHO has prominently exercised productive power.

V. Conclusion

This study of the outbreak of SARS 2003 has shown that the WHO had exercised three forms of power that are productive, institutional and structural power. Different forms of power imply a different meaning. Productive power lies in the capacity of the WHO to assemble a network of expert, to gather quality information via the super network, to process and then inform the public at large, suggest specific measures that eventually proved successful in containing and controlling the disease. Institutional power was also significant in different aspects of containment strategies. The health sector, enmeshed with other issues is a conflictual sector with a multiplicity of interests as can be seen in the multilateral aspect of global health governance, however the WHO proved capable of constraining diverging interests and exercise influence over other actors. Although to a lesser extent, structural power was also present within the WHO and GOARN network in the sense that such institutions acted as orbits around the center that was the WHO generating a hierarchical relations between the WHO and GOARN. Among these kinds of power, the WHO has shown comparative advantage in productive and institutional power.

Research on SARS governance by the WHO has proven different to previous studies concerning the governance of the. Indeed the strategies deployed in the containment process of SARS can be classified as following: surveillance, decision and rule making, financial and technical assistance. Among these methods of containment the WHO has

shown capacity and comparative advantage in surveillance, demonstrated by the mechanism of GOARN. The proactive role that the WHO undertook proved the WHO did not act as a passive intergovernmental organization but as an independent powerful institution that had the power to choose its actions as seen in as many as more than 20 sets of guidelines and recommendations issued by the WHO detailing measures to deal with the occurrence of SARS in different environments¹¹².

There is a need to acknowledge the contributions of a reconceptualization of power that allowed for demonstrating the WHO is a powerful international institution and that the WHO stands as the only legitimate institution that can guide, steer and constrain all other actors capable of exercising various forms of power. However despite such capacities of the WHO, it had been challenged by the lack of compulsory power in interacting with national authorities especially shown in the Chinese case. Also, the WHO was constrained by its lack of financial resources and reliance on external budget in providing assistance in form of various medical equipments. The successful containment of SARS was not a realized by solely the WHO but a number of actors governmental as well as non-governmental actors involved in the response mechanism against SARS showing again the multilateral aspect of the global health governance.

To summarize, although on national level the WHO was constrained to force behavior from the national authorities demonstrating lack of compulsory power of the WHO, it

¹¹² Refer to 57, 64

is worth noting that the WHO has proven capable of leading other actors to generate new behavior empowering the WHO with a strong capacity and legitimacy to shape global health governance in accordance with its mandate. Finally this study emphasizes it is limited to the case of SARS an new infectious disease, a field the WHO has a legacy of expertise when it comes to dealing outbreaks of infectious diseases therefore limits a generalization to the power and effectiveness of the WHO.

VI. Bibliography

- Baldwin, David, Power and International Relations, in *The Handbook of International Relations*. 2002, pp 177-91
- Barnett, Micheal, and Duvall, Raymond, Power in International Politics. *International Organization*, Vol. 59(1), 2005, pp39-75
- Barnett, Micheal, and Duvall, Raymond, "Power in Global Governance", in *Power and Global Governance* (Cambridge University Press, 2005)
- Deacon, Bob, "The Social Policy of the World Bank", in *Global Social Policy and Governance*. (London: Sage, 2007)
- Dhal, Robert, The Concept of Power. *Behavioral Science* 2 (3):202-15, 1957
- Evans, Michelson, Dodging a bullet: WHO, SARS, and the Successful Management of Infectious Disease, *Bulletin of Science Technology & Society*, Vol. 25, No.5, 2005, pp379-386
- Harris, Ali, and Roger, Keil, *Networked Disease: Emerging Disease in the Global City*. (Wiley-Blackwell, 2008)
- Heymann, David, The International Response to The Outbreak of SARS in 2003. *The Royal Society*. London, 2004, 359, pp 1127-1129
- John, Scott , *Power*: (New York: Polity, 2001)
- Keck, Margaret, and Sikkink, Kathryn, *Activists Beyond Borders: Advocacy Networks in International Politics*. (Ithaca, New York.: Cornell University Press, 1998)
- Katzenstein, Peter, "Introduction: Alternative Perspectives on National Security" in

- The *Culture of National Security: Norms and Identity in World Politics*. (New York: Columbia Press, 1996)
- Lukes, *Power: A Radical View*. (Houndmills, England: MacMillan Education, 1975)
- Rosenau, James N. "Governance, Order and Change in World Politics" *In Governance without Government: Order and Change in World Politics*, edited by James Rosenau, (Cambridge: Cambridge University Press, 1992), pp1-29
- Smith, Richard, Responding to global infectious disease outbreak: Lessons from SARS on the role of risk perception, communication and management. *Social Science & Medicine* 63, 2006, pp 3113-3123.
- Young, Oran, *International Governance: Protecting the Environment in a Stateless Society*. (Ithaca, N.Y. Cornell University Press, 1994)
- Walt , Stephen, "One World, Many Theories", *Foreign Policy*, No. 110,1998
- Weber, Max, *The Theory of Social and Economic Organization*. (New York: Free Press, 1947)
- Wendt, Alexander, Anarchy is What States Make of It: The Social Construction of Power Politics. *International Organization* .Vol. 46, No. 2, 1992, pp. 391-425
- Wendt, Alexander, On Constitution and Causation in International Relations. *Review of International Studies*, Vol. 24, No. 5, 1998, pp 101-118
- Zacher, Marc W., and Keefe, Tania J., *The politics of global health governance: united by contagion*. (New York: Palgrave Macmillan, 2008)

-WHO documents

WHO, Update 1-Multi country outbreak

WHO, Update 2-Multi country outbreak

WHO, Update 5- Multi country outbreak

WHO, Update 6-Multi country outbreak

WHO, Update 8-Multi-country outbreak

WHO, Update 9- Multi-country outbreak

WHO, Update 10-Multi-country outbreak

WHO, Update 13-Multi-country outbreak

WHO, Update 17-Multi-country outbreak

WHO, Update 18-Multi-country outbreak

WHO, Update 20- Multi-country outbreak

WHO, Update 23-Multi-country outbreak

WHO, Update 26- Multi-country outbreak

WHO, Update 27-Multi-country outbreak

WHO, Update 31-Multi-country outbreak

WHO, Update 33-Multi-country outbreak

WHO, Update 35- Multi-country outbreak

WHO, Update 37-Multi-country outbreak

WHO, Update 38- Multi-country outbreak

WHO, Update 45- Multi-country outbreak

WHO, Update 48- Multi-country outbreak

WHO, Update 50-Multi-country outbreak

WHO, Update 53-Multi-ountry outbreak

WHO, Update 54-Multi-ountry outbreak

WHO, Update 58-Multi-ountry outbreak

WHO, Update 62-More than 8000 cases reported globally, situation in Taiwan, data on in-flight transmission, report on Henan Province, China

WHO, Update 69-Situation in China

WHO, Update 72-Situation in China

WHO, Update 83-One hundred days into the outbreak

WHO, Update 92-Chronology of travel recommendations, areas with local transmission

WHO, Update 95-SARS: Chronology of a serial killer

WHO, Update 96-Taiwan, China: SARS transmission interrupted in last outbreak area

WHO, *Weekly Epidemiological Record*. 2003, 78,157-168

WHO, A Framework for global outbreak alert and response,2000, Geneva

WHO, Bulletin of the World Health Organization, 2000, Geneva

WHO, Global Alert and Response, Report of a WHO meeting, 2000, Geneva

WHO, Global Health Governance, AConceptual Review. Discussion Paper No.1, Dept. of Health & Development, World Health Organization. Centre on Global Change & Health London Hygiene & Tropical Medicine, 2002

WHO, Severe Acute Respiratory Syndrome (SARS): Status of the outbreak and lessons for the immediate future, 2003, Geneva

WHO, "SARS: lessons from a new disease". In *The world health report 2003: shaping the future*, 2003, Geneva

WHO, SARS Risk Assessment and Preparedness Framework, 2004, Geneva

WHO, Guidelines for the global surveillance of severe acute respiratory syndrome (SARS), 2004, Geneva

- Internet sites

WHO, GOARN. <http://www.who.int/csr/outbreaknetwork/goarnenglish.pdf>

WHO, Operational response to SARS, http://who.int/csr/sars/goran2003_4_16/en/

World Health organization issues emergency travel advisory,

http://www.who.int/csr/don/archive/disease/severe_acute_respiratory_syndrome/en/index.html

<http://www.who.int/csr/outbreaknetwork/goarnenglish.pdf>

http://www.who.int/csr/sars/archive/2003_03_15/en/

<http://www.who.int/csr/sars/country/en/index.html>

<http://www.nytimes.com/2003/05/04/world/as-sars-outbreak-took-shape-health-agency-took-fast-action.html?pagewanted=all&src=pm>

국문초록

파워와 거버넌스:

사스 발생 당시의 세계보건기구의 거버넌스에 관한 연구

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국제학과 국제협력전공

세계보건기구는 UN의 17개 전문기구 중 하나로 정부간 기구이며 모든 사람들이 가능한 최상의 건강수준에 도달하도록 하는 것을 목표로 하여 1948년에 설립된 정부간 기구이다. 세계보건기구는 현장에 천명한 목표를 달성하기 위해 다양한 기능들을 수행하고 있지만 1970년대 이후로 그 효율성이 끊임없이 문제로 제기되어 왔다. 이 논문은 2003년에 새로운 감염성 질환으로 등장한 사스(SARS)를 사례로 하여 세계보건기구가 단순히 정부간 기구로 회원국에 의지하지 않고 독립적인 하나의 주체(actor)로서 파워가 있는 거버

년스를 펼칠 수 있는 기구인지 알아 보고자 한다. 이를 통해 세계보건기구의 비교우위가 무엇인지 또 어떠한 요소가 세계보건기구로 하여금 파워 거버넌스를 펼치기 위한 저해 요소로 작용하였는지를 파악하고자 한다.

신자유주의 주장과는 달리 거버넌스에도 파워가 발휘 될 수 있다는 주장을 근거로 한 Barnett과 Duvall의 파워 거버넌스의 개념을 사용하였다. 세계보건기구가 비효율적(ineffectiveness)이고 파워가 없다고 주장하는 선행 연구와는 달리 새로운 파워 거버넌스를 적용하여 본 결과, 세계보건기구는 Barnett과 Duvall이 주장하는 네 가지 형태의 파워 거버넌스 중 생산적(productive), 제도적(institutional), 그리고 구조적(structural) 파워를 발현하였다. 사스에 대응하기 위한 전략과 기능을 수행하는데 있어 세 가지 파워 형태 중 productive 파워가 가장 영향력을 발휘 하였음을 보여주었다. 사스의 파급 효과는 2005년에 새로이 개정된 국제보건규칙(new IHR)을 위한 의결의 채택을 일으켰다. 그럼에도 불구하고 세계보건기구는 강압적(compulsory) 파워를 실현하는데에는 실패하였듯이 사스의 성공적인 대응에는 세계보건기구뿐만 아니라 이

와 같은 응급상황에 대처하는 네트워크인 GOARN, 그리고 해당 정부 등 수많은 주체(actor)들의 노력이 있었기 때문에 불과 사 개월 만에 신속히 대응할 수 있었다고 본다. 또한 이 연구 결과는 사스라는 특정한 사례를 바탕으로 한 결과이기에 세계보건기구가 발휘한 파워를 일반화 시키는데에는 한계가 있음을 주장한다.

주요어: 세계보건기구, 사스(SARS), 파워, 거버넌스

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