The WHO and the Covid-19 Pandemic - An Organisation as Strong as Its Members Allow It to Be

The WHO and the Covid-19 Pandemic – An Organisation as Strong as Its Members Allow It to Be

Prof. (Dr.) Helmut Brand

What is needed in a pandemic is a supranational organisation that is able to cope with the evolving situation of a virus ignoring borders and travelling around the word within 24 hours. Such an organisation should be open to all nations, should be respected and should come with a clear mandate and also the authorities to enforce it. Does the World Health Organisation (WHO) live up to these demands? The WHO is a specialised organisation of the United Nations (UN) and was founded on the 7th of April 1948, which is today recognised as World Health Day.

The organisation is based in Geneva, Switzerland and employs 7,000 staff across six regional offices and 150 field offices. Dr Tedros Adhanom Ghebreyesus took up his five-year term as Director-General in 2017 after formerly serving as health minister of Ethiopia.
The objective of the WHO has been defined as "the attainment by all peoples of the highest possible level of health". It is mandated as a directing and coordinating authority on international health to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments, and to stimulate and advance work to eradicate epidemic, endemic and other diseases. It performs a multitude of roles globally, including advocating for universal healthcare, monitoring public health risks, setting health standards and guidelines such as the coordination of international responses to health emergencies, fighting infectious diseases like HIV and tuberculosis (TB) and promoting better nutrition, housing and sanitation thus contributing to overall wellbeing. Normative work includes e.g. the prequalification of health products and the International Classification of Diseases (ICD-11), whose implementation will enable improved tracking of health trends, and the new Essential Diagnostics List, which builds on the WHO Essential Medicines List that has guided countries for many years. Since the WHO's Framework Convention on Tobacco Control came into force countries have increasingly been using the law for sustainable interventions to reduce tobacco use. Today, almost two-thirds of the world's population are covered by at least one comprehensive tobacco control measure. Since its inception, the WHO has scored some notable public health successes, including the reduction of TB and measles through mass vaccination programmes and the almost complete eradication of polio. In more recent times the organization has been attacked for its slow response to the West African Ebola outbreak in 2014–15, which resulted in unnecessary fatalities.

An independent report commissioned by the former Director-General Margaret Chan claimed that the WHO is being severely underfunded. Just over half (51%) of the funding is donated by its 194 Member States either as assessed or voluntary contribution,

Prof. (Dr.) Helmut Brand, *Jean Monnet Chair in European Public Health, Maastricht University, The Netherlands and Founding Director, Prasanna School of Public Health,Manipal Academy of higher Education India*

while 16% is provided by the UN, intergovernmental organisations and development banks, and 15% by philanthropic foundations. The rest comes from NGOs, the private sector and academia. In 2019, the US was the largest contributor, providing $419 million being 16% of its total revenue. The second-largest contributor was the Bill and Melinda Gates Foundation with 9.8%. Recently the WHO appealed for an emergency injection of $675 million via the COVID-Solidarity Response Fund to fight the coronavirus, and it is expected to raise the plea to $1 billion. This distribution of the financial sources raises the discussion about the role of non-state actors at the WHO. One might praise the contribution of the Bill and Melinda Gates Foundation as a good example for a Public-Private-Partnership (PPP), while others might consider it a case of direct lobbying.

There are also ongoing debates about the effectiveness of the organisational structure of the organisation.

The most important regulatory basis of the work of the WHO regarding pandemic preparedness and control is provided by the International Health Regulations (IHR). They go all the way back to the first International Sanitary Conference in 1851, when the first sanitary regulations were drafted to fight Cholera. In 1969 the World Health Assembly (WHA) – the highest decision-making body – adopted an updated version under the new name of International Health Regulations. The next review was conducted in 2005 against the background of the experiences during the SARS epidemic of 2003. Its purpose is "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade". The political reasoning behind it was to secure trade of the developed world with developing countries and to protect the highly industrialised countries from infectious disease epidemics. This view has changed over time as especially Asian countries turned into important players in international trade.

According to the IHR, WHO members have to notify the organisation of events that may constitute what is called a "public health emergency of international concern". This reporting mechanism is the crucial regulation in the IHR. Some Member States are reluctant to report because they are not able to do so, fear the consequences for their economy or act on their own. Therefore, the WHO is entitled to make use of different sources of information e.g. from the classical media, social media, or NGOs and to ask the Member States for verification. The IHR enables the WHO to cooperate with other international organisations and countries to fight disease outbreaks even if the Member State of origin is not willing to cooperate. By this combination of different measures, the IHR try to secure that action can be taken without losing time.

In the early weeks of the COVID-19 case China did not collaborate well with international organisations to prevent the pandemic. Even more, it silenced worried doctors and hid information about the transmissibility of the virus. Cooperation only began when interventions taken could not be hidden any more. It was on the 30th of January 2020 that the WHO declared the COVID-19 outbreak a "public health emergency of international concern". This enabled the WHO to issue "temporary recommendations" such as specific health measures to be implemented by the state affected or even other states regarding the mobility of people and the exchange of goods to prevent a further spread of the disease. The WHO began supporting countries in their containment and mitigation efforts by providing technical guidance, laboratory testing

capacity, equipment for hospitals, and healthcare workers. Furthermore, international research and development activities were coordinated, and a blueprint for action was implemented.

Most of the interventions to stop the spread of the virus have to be carried out by the countries themselves. There were regular briefings for countries on preventive measures as the window of opportunity was closing. But the WHO cannot act on behalf of the Member States. Weak (political) leadership – as seen in several countries – leads to avoidable delays in implementing the right measures.

The WHO is also acting on the growing number of misinformation, distributed especially on social media. This "Infodemic" caused a loss of trust in the measures taken by the countries and the WHO.

On the 11th of March the WHO had to declare Covid-19 a pandemic. President Trump criticised the WHO for acting not early enough on the pandemic and of being too trustful to China. He threatened to freeze the US contribution to the WHO and asked for an independent enquiry. The WHO Director had still praised China for its work in January 2020 and welcomed its course of action during a visit to China in February 2020. At this time Trump was arguing along the same lines. Media speculate if this has been for real or merely a way to shift attention from problems in the US due to the President´s mismanagement of the pandemic. This will certainly be a topic at the next World Health Assembly mid of May in Geneva. Some countries like Australia are now echoing Trump´s concern which provoked fierce responses by Chinese media.

A theoretical alternative would have been to blame China for their way of reporting and acting and not having communicated earlier. The result would quite likely have been a total communication shutdown by China. Preparedness planning for other countries would have been much more difficult without any information on the epidemiology and biology of the disease. And in the case of China being the first to develop a vaccine this would lead into a situation not being favourable for sharing knowledge and resources. The WHO might have been too trusting of China in the beginning. And exactly this is highlighting how difficult it is to find the right balance in health diplomacy.

Since the IHR came into force in 2007, countries have made substantial efforts to strengthen their capacities to prevent, detect, and respond to public health emergencies. In the Global-Health-Security-Index 2019 the average of all 195 countries was 40.2 out of 100. Increased understanding of the capacities has been made possible through the introduction of the WHO IHR monitoring and evaluation framework and especially the application of the framework's components including the State Party Annual Reporting (SPAR) process and voluntary external evaluation using the joint external evaluation tools, after-action reviews, and simulation exercises. The results of these assessments are used to develop national action plans to strengthen IHR capacities for health security. WHO benchmarks for IHR capacities and corresponding actions can increase a country's emergency preparedness and health security. An analysis of the 2018 SPAR reports showed that only 43% of the countries had all the necessary capacities needed to deal with a pandemic.

Even in 2019 warnings that the world is not well prepared for a pandemic raised by Bill Gates, the US Intelligence Community and the independent Global Preparedness Monitoring Board, did not lead to any further action. The risk of a pandemic is determined by the probability of it happening and the expected loss in case of occurring. Governments knew that the expected loss would be very high but still rated the probability of occurring to be low.

By this, other political topics had been given more importance on the daily political agenda, and pandemic preparedness was not of utmost priority even after the wake-up call of the SARS epidemic.

In a way the world stumbled into this pandemic as sleepwalkers. Another aspect is that the WHO is a specialised organisation of the UN and is thus governed by the politics of the UN. A good example how this can interfere with good governance of a pandemic is the question of who is representing China in the UN. Taiwan, The Republic of China (ROC), had been a charter member of the UN and one of five permanent members of the Security Council until 1971. It had joined the UN as a founding member in 1945. From 1971 on the Peoples Republic of China has taken over the representation of China at the UN. Currently Taiwan not being an UN member has to ask for observer status at WHO WHA meetings which was granted interruptedly. At the next WHA meeting this will be one of the first points on the agenda, again. Taiwan´s reporting regarding the IHR had to go through China thus causing severe delays.

Even in the current Covid-19 outbreak the reporting on new cases was delayed, and the experiences with the successful management of the pandemic were not published much as China is eagerly watching that Taiwan is kept out of the UN loop and out of any WHO publications. This situation has not only direct influence on WHO matters, but also indirect consequences on research and presenting results. In a recent burden of disease network study on cancer Taiwan is presented as part of China even having a different health system with different results due to the fact of the use of WHO figures. This politicization makes it unnecessary difficult to navigate in times of a pandemic.

In general China´s influence in UN organisations is growing. Four out of the fifteen special organisations of the UN are currently directed by Chinese nationals. No other country is holding more chief positions - and the former WHO Director General, Margaret Chan, was Chinese too.

One of the additional challenges is, that there is a tendency in already autocratic leaderships of countries to misuse laws and regulations to fight the pandemic to increase long term control and power over their people. Doing so they do not only endanger the democratic rights of their people but also make it difficult to get trustworthy information for disease surveillance and control. There are several alternatives for the future role of the WHO. One option is to leave the situation as it is. The organisation would continue to be an important institution, but would depend solely on soft power and health diplomacy. Choosing this option would mean to go on with the status quo. There might be slight changes to the organisational structure and the way of financing, but in general all would stay the same. And by this, all the above discussed problems would stay the same, too. This solution will be the easiest one to agree on at the WHA but would not even be an evolution of the current situation. Of course, Member States could also further limit the mandate of the WHO. This would on the one hand be in line with the current climate of not investing in multilateral systems and reducing the power of international organisations. This would give all states more freedom to decide on what information they share with whom at which time and allow them to take action independently. On the other hand, this would be the most dangerous solution, as giving in to popular tendencies would leave especially weaker countries without any reference point and without any possibility for guidance and help as well. And political trends can change in geopolitics too. Even if globalisation is stagnating at the moment, institutions with some power are needed to

combat health risks, being global by nature. More success could be reached by discussing to refocus the role of the WHO in the light of other existing international organisations. Bringing the WHO more into the focus of the G-20, the World Trade Organisation (WTO) and the International Monetary Fund (IMF) would increase the recognition of the political and economic politics of health more and also help those institutions in framing their future directions.

The current pandemic has clearly shown that investments in health are not lost money but are an essential foundation for political stability and economic wellbeing. This is independent of the situation whether globalisation has already reached its peak or whether production-chains will be more re-nationalised or modified in order to be more diverse. As the WHO will still be a UN institution some of the political hick ups would continue but that would be the prize to pay. If things go really bad there is often the urge to try to fix the situation by founding a new organisation. A theoretical alternative could be to take out the responsibility of pandemic preparedness and control of the portfolio of WHO and to start a new international institution purely dedicated to this task. This would open a window of opportunity to give the new institution a modern structure that is fit for purpose. It could embrace modern technologies and could be built on new administrative and management insights. The US Centres for Diseases Control and Prevention (CDC), the European Centre for Disease Prevention and Control (ECDC) and CDC Africa might serve as blueprints.
This might lead to better monitoring and surveillance of health and diseases but would not solve the political problems of pandemic control as the execution of measures will still be attributed to the countries. The success of pandemic control not only depends on scientific knowledge but also on the ability and willingness of political leaders to decide and execute the right measures to combat a pandemic. In this regard there would be no progress achieved by creating a new separate organisation. It would also add unnecessary complexity to the management of future outbreaks in the next years as responsibilities and administrative pathways would have to be reorganised and a lot of knowledge based in the old institution would be lost. However, in the political reality this might be an option to compromise on if several countries would ask for stricter reforms of the WHO. Regardless of which alternative will be chosen, we have to keep the international organisation operational as we will face the upcoming consequences of the pandemic soon. Preventive measures like immunisation programmes have been stopped in a lot of countries and treatment of TB, Malaria and HIV is not working any more. This might throw us ten or even twenty years back in our success in combatting these diseases. specially in Africa, there is the risk of an upcoming food shortage due to a lack of workers and transport possibilities.This is not only a problem for developing countries but at the same time also impacts developed countries as has been shown by the financial crisis in 2008, which also had some negative health effects in Europe, and especially in economically weaker countries like Greece, Italy, Portugal and Spain. In summary, one can conclude that the WHO is as strong as its members allow or want it to be. The views on this have changed over time and will change in the future. So, the WHO will have to live with the strengths and weaknesses of being an UN institution. In times, in which multilateralism is not en vogue, the future might be endangered – therefore a clear statement of commitment of its members is needed. The WHO cannot stay the same, but if it weren't there, we would certainly need to invent it.