

# The WHO Is Not The Global Health Government States Think It Is

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## Abstract

With the start of the COVID-19 pandemic, the World Health Organization was put in the center of the discussion surrounding the global response. States criticized the organization for its slow and insufficient response and leniency towards the Chinese government. This paper argues that the World Health Organization was unjustly criticized and delegitimized for three reasons: (1) unwillingness of member states to cooperate and the WHO's lack of authority to ensure compliance; (2) misunderstanding – by states as well as the WHO itself – of the WHO's founding mission and its current role as an international organization; (3) the lacking capacity of states and national healthcare systems to face a pandemic due to the privatization of health related industries. It suggests that more authority be given to the organization to ensure accurate and independent decision-making.

## 1 Introduction

The World Health Organization (WHO) was first notified of cases of 'viral pneumonia' originating in Wuhan, China on 31 December 2019. Following the exchange of information with the Chinese government and the investigation of the disease, the WHO declared the novel coronavirus a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 [WHO20c], and a pandemic on March 11 [WHO20a]. From then onward, all eyes turned to the WHO, and not long afterwards some countries turned against the organization. The Director General of the WHO, Dr. Tedros was accused of being lenient towards the Chinese government, as many believed his election was supported heavily by China. Additionally, as the WHO continued to deny Taiwan a member state status despite the country's success during the pandemic, the Taiwanese government claimed that the WHO ignored their concerns about human-to-human transmission in December 2019 [CC20], and had delayed the global pandemic response to January 2020 in order to appease the Chinese government. These

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events resulted in the Trump Administration demanding reform in the organization's conduct, and later severing ties with the organization in the height of the pandemic [Pos20], which was detrimental to the global response overall.

This paper will argue that the World Health Organization is unjustly criticized and delegitimized for three reasons: (1) unwillingness of member states to cooperate and the WHO's lack of authority to ensure compliance; (2) misunderstanding – by states as well as the WHO itself – of the WHO's founding mission and its current role as an international organization; (3) the lacking capacity of states and national healthcare systems to face a pandemic due to the privatization of health related industries. It will also argue that the efforts to empower the WHO and create future pandemic plans are futile if states do not establish strong government organizations and control systems. This paper will not argue that the WHO's performance during the COVID-19 pandemic was satisfactory. It will argue that the circumstances surrounding its failure are related to its design and operation. The first part of this paper will cover the need for global health governance, the attempts to discredit the WHO, and its overall performance during the COVID-19 pandemic. The second will discuss the limitations of the WHO as an international organization with its role of meta-governance, the states' acting in self-interest, and how the design of the organization impedes its effectiveness during global crises.

## 2 The World Health Organization During COVID-19

The COVID-19 pandemic illustrated the importance of international cooperation during a global crisis affecting billions of people around the world. In our globalized environment where interstate travel is relatively easy and common, a pandemic poses a threat that concerns everyone at the same time. COVID-19 did not stop at the borders; therefore, the eradication of the disease could only be achieved through international cooperation and effort. In an ideal world, it would be in every country's self-interest to help its neighbor in order to achieve the ends of eradicating the disease. The World Health Organization, or a similar international organization, would coordinate collaboration efforts in order to effectively combat the virus, while also fulfilling its mission to be a source of trusted scientific information [BO21]. The scientific community recognized this need for international cooperation, and scientific institutions shared their findings and the genome of COVID-19 was open to free access [BT21]. However, the political actors did not react in the same way, and the situation soon turned into an international competition of who could secure more medical supply and vaccines.

The discourse and distrust around the World Health Organization's practices and legitimacy was started by the Taiwanese government, and strengthened by Trump administration who claimed that the WHO was lenient towards China, had dismissed Taiwan's concerns of human-to-human transmission on 31 De-

ember 2019, and had downplayed the severity of the virus [Don20]. These claims were further supported by the fact that the WHO had excluded Taiwan from early emergency meetings in January 2020, and had continued to misreport Taiwanese case numbers under China’s data. This resulted in the US demanding reform and later withdrawing from its member position and cutting funds. This was significant because the US was the organization’s top donor and was expected to lead the global pandemic response. Many criticized this decision, and members of the WHO, the media, and scientists came to the organization’s defense. The German Foreign Minister echoed this sentiment: “The decision by US President Donald Trump to end cooperation with the World Health Organization sends the wrong message at the wrong time. (...) We need a united response in a spirit of solidarity from all countries and the United Nations, with a strong WHO at the center.” [Hei20] The irreplaceability of the WHO was widely accepted; however, some agreed that the claims made by the former US President were significant. In May 2020 the World Health Assembly demanded a full independent review of the global response, as well as that of the WHO [CC20].

Those who agreed with the Former President’s claims that the WHO had been lenient towards China pointed out the fact that the organization praised China’s measures early on, congratulating the government’s transparency and mindfulness towards the outbreak, and that it relied exclusively on data provided by the Chinese government, ignoring cases reported by Taiwan [WHO20c]. Some also argued that the organization did not want to lose the funds provided by China. This is not as significant a claim as it seems as most of the WHO’s funds come from the US, international organizations, and philanthropic foundations; and China’s donations play a minor part [DB19]. Similarly it can be argued that the WHO’s treatment of China was the result of the International Health Regulations (IHR) set in 2005, which place the responsibility of accurate reporting of data on member states. These regulations were put in place to counter uncooperative behavior from states, as China had refused to cooperate during the 2002-2003 SARS outbreak. However, these new regulations gave little to no supranational power to the WHO, and it had to rely on data reported voluntarily by the states, while having limited authority that was not sufficient in forcing its members to cooperate. This was a way to ensure state sovereignty while also providing the WHO with accurate health data. However, since the data provided is voluntary, it was perhaps in the WHO’s best interest to keep relations with China amicable to ensure continuous flow of information during the start of the pandemic, when the virus was still a mystery [Mel22]. As a result of these controversies, the WHO experienced a loss of credibility, with many turning to private efforts for accurate information, like the Bill and Melinda Gates Foundation and the Johns Hopkins University’s COVID-19 tracker.

Ill-intentioned or not, the WHO provided guidance and relatively accurate information during the first stages of the pandemic, despite the uncooperativeness of its member states. It took initiative to support the development and distribution of tests, treatments and vaccines through the Access to COVID-19 Tools (ACT) Accelerator [WHO20b]. Although contributions to the WHO’s

budget were rising at the start of the pandemic, in February 2021 the ACT Accelerator had only gathered 20 percent of its estimated need [BB22]. This means that states did not contribute the necessary, albeit voluntary, donations they should have and the WHO did not have any means of extracting these funds any other way. They also created COVAX to facilitate the allocation of vaccines, offering free doses to low- and middle-income countries. However, 70 percent of vaccine doses were secured by high and upper middle-income countries [Irw21]. Canada had reserved more than four vaccines per person, while Brazil and India had less than one for every two people [SW20]. As a result, the WHO's efforts of equal access to COVID-19 tools were undermined by its member states' selfish behavior.

The WHO failed to promote solidarity amongst international actors, and policy decisions were made in order to save the day through temporary containment measures like lockdowns, rather than to eradicate the problem with accurate tracing and isolation. Explanation for the WHO's poor performance during the COVID-19 pandemic could come from its underfunding, its lack of authority over states, or false handling of the outbreak. Whatever the case may be, the recent pandemic has shown that there are fundamental errors in the operation of the World Health Organization and international cooperation. However, it cannot be denied that a global health organization is the only way to combat global health emergencies. The problem is that World Health Organization is not the first responder rushing to control the disease, as states would like it to be, but rather the coordinator that promotes best practices to be followed by states and organizations. States need to realize that in such a system, domestic responsibility falls upon them.

### **3 The World Health Organization: Castle Built On Sand**

In order to fully understand why the expectation of states is vastly different from the WHO's current operation, the WHO's historical conduct should be taken into consideration. When the WHO was first established, it played an essential part in decolonizing countries' 'modernization'. What started out as disease eradication campaigns turned into building of national health systems under the pressure of the Soviet Union and Third World countries. While the WHO at the time tried to fight off this pressure to appease developed countries, the 'health for all' agenda gained prominence and health was framed as a human right in the 70s. However, with the following neoliberal counter-revolution, the WHO's budget was frozen in 1982, and the US withheld 80 percent of its financial commitment due to the opposition from American pharmaceutical companies to the WHO's Essential Drugs Campaign in 1985 [MCF19]. A wave of privatization of health-related industries followed. With its funding reduced significantly, the WHO could no longer be an active participant in the issues of global health, and it adopted the new role of meta-governance, which meant it would provide

templates for member states on how to devise their own national policies when faced with health emergencies. Additionally, the WHO was limited to voluntary donations, which came from wealthy countries who wanted to ensure their own health security by making the WHO get involved only in specific cases which might affect them [Rus11]. The WHO was expected to perform research on the ground and take initiative during the COVID-19 pandemic, like it had in its early days; however, states failed to recognize that the organization's purpose had evolved into a global coordinator. Most importantly, states failed to recognize that this change was the result of their own decisions and actions.

Arguably the biggest strike on the WHO's autonomy was the International Health Regulations. The 2002-2003 SARS outbreak brought major changes to the organization due to the Chinese government's uncooperative actions. The International Health Regulations' implementation brought restrictions to the WHO's autonomy in fields like research and data collection, while also limiting its authority over states. The WHO could collect data voluntarily given to it and warn off powerful states to the impending dangers, but it could not force the states to follow any guidelines it would provide. It could not shame states, like it had done to China during the SARS outbreak, and demand that they cooperate. Since the WHO had no way of imposing sanctions, it had to ensure the collaboration of states at times of emergency like the COVID-19 pandemic. These new restrictions also meant that the WHO could not respond to the crises on the ground, but rather sit at a desk and try to nudge governments in the right direction. The limitation of WHO's coordination function due to it being reliant on states to provide information and the undermining of its leadership to face states and call out uncooperative behavior cause it to perform poorly when faced with global crises [Ben20].

Adding onto the existing lack of authority the WHO has, it does not accept its role as a governing body for international health either. The WHO's mission is to be the technical body that provides health guidance and assistance to countries. In other words, it is not a substitute for national health systems. The WHO emphasizes scientific decision making as it is constituted of a 'transnational Hippocratic society', which leaves out decisions regarding law and international politics [Fid99]. This implies that the WHO sees itself as transcending world politics, or at least aims to depoliticize its decisions affecting the member states. The current Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus echoed this by saying "my focus is saving lives, we do not do politics in the WHO [WHO20d].

The WHO not only does not enjoy any political authority, but it does not want to. However, this is a crucial mistake when confronting a pandemic because any suggestion they will make, such as travel restriction, face mask use or national lockdown measures, is inherently political. Additionally, the WHO's dependence on member states means that it has to be political in its conduct if it wants to be able to continue its existence. It can be argued that during crises expert opinion should transcend politics, however this does not reflect the current system these organizations operate in. The WHO cannot isolate itself from the political decisions of its member states, as evidenced by the Trump

administration's retreat and its consequences. In the end, the WHO itself misunderstands its position as an inherently political institution, and its response to political criticisms seems hollow. Instead of trying to brush off these criticisms with emphasis on the importance of empirical data, the WHO should recognize its political dimension and emphasize the limitations caused by its design.

Powerful states do not want to follow orders. The recent pandemic has shown a clear hypocrisy in the conduct of powerful Western governments, mainly in their responses to the COVID-19 pandemic. For example, rather than leading the world through this crisis the US opted for retreating from the WHO, blaming its domestic failures on the organization. When the pandemic spread, governments adopted an 'every man for himself' approach, engaging in competitive politics, limiting exports, and hoarding medical supplies. Likewise in an integrated system like the EU, no European country was willing to donate medical supplies and resources to a struggling Italy [BO21]. Rational thinking would suggest international cooperation would be the only solution to a global problem, but as witnessed during the COVID-19 pandemic, governments do not want to comply when it is not in their short-term interest. Such an approach guarantees that long-term solutions are out of reach.

It is also important to remember that the WHO can only do its job of surveillance and information gathering if governments supply it with the necessary data. This would require countries themselves to have functioning health monitoring systems, and the capacity to deal with newly emerging problems. Countries affected severely by the 2002-2003 SARS outbreak were the ones who were most prepared for the COVID-19 pandemic. Taiwan, for example, had implemented a nationwide public health network, comprehensive universal healthcare for all citizens, and improved infection control practices [ea20]. These measures ensured its early response was adequate and Taiwan was one of the most successful countries when dealing with the pandemic. The states that seemed to have been most prepared, performed poorly during the pandemic. They did not have the necessary capabilities to follow any suggestion given by the WHO, however the organization was still to blame. Taking the UK as an example, the privatization of the National Health Service's logistics lead to massive shortages of key equipment [HLH<sup>+</sup>20]. By mid-February 2020, the UK could only conduct five COVID-19 tests per week [DM20]. The extensive use of lockdown measures by the UK was summarized by the UK Scientific Advisory Group on Emergency as follows: "From a government perspective, lockdown had big advantages: it did not require any forward planning, there was no need to build capacity in advance, and no direct financial cost. All lockdown took was a government decree and a modicum of enforcement. It was a lazy solution ... as well as a hugely damaging one. Avoiding lockdown would have required a lot more effort." [Woo22]

Taking into consideration all of the above, it is reasonable that the WHO would not be able to act as a global governing body for health. It has no power over its member states, on the contrary it is dependent on them for information and funding. In addition to its lacking authority, it also does not want to admit its political responsibility as an international organization. This

creates catastrophe, especially when we consider the member states will only cooperate when it is in their self-interest, and surprisingly their self-interest is not always the health of their peoples. It is also worth noting that in an ever-globalized world, privatization of industries such as health will lead to shortages and introduce multinational companies to the debate. During the production and distribution of COVID-19 vaccines, one of the main struggles was that these companies controlled when, where, and how much they would produce the vaccine, as is their right as the owners of the Intellectual Property [PSH20]. When so many actors are in play, blaming the WHO for its pandemic response seems hypocritical, especially when states have done nothing but underfund the organization and undermine its authority.

## 4 Conclusion

The COVID-19 pandemic showed the world that our governing and health systems are powerless when faced with global threats, both at the national and global levels. While many countries seemed prepared for such a disaster the reality proved otherwise. Amidst all of this the World Health Organization, an international organization primarily focused on scientific processes and narrow health system improvement projects, was put in the center as a liable authority. States blamed the organization for their own slow and insufficient responses while also accusing it of being lenient towards the Chinese government. These were significant allegations directed at an impartial scientific institution. However, these allegations were unsubstantiated for the three main reasons discussed in this paper: the WHO and its member states failed to recognize the need for political consideration in the WHO's conduct, and as a result claimed that the organization was not impartial as it claimed to be; states not only withheld data and financial resources from the organization, but actively undermined its efforts to provide the necessary response to the pandemic with their greedy race for who could secure more vaccines; and the states' own lack of healthcare planning and capacities, which failed when faced with the pandemic. Such allegations also disregard the WHO's limitations as an organization bound by the IHR. It had to rely on data provided voluntarily and needed to keep relations amicable with countries in order not to lose its funding and information flow. Amidst all of this, it had to provide a pandemic blueprint for countries, of which many could not follow due to their lacking healthcare capacity. Additionally, not every suggestion they made was the correct one, as the situation was very unclear during the first year of the pandemic. Thus, the WHO became a scapegoat for all the misguided policies countries decided to follow. Comments made by the US president and others damaged the WHO's credibility and impeded its work further as countries reduced funding and did not contribute to pandemic efforts such as the ACT Accelerator and COVAX. Privatization of health-related industries also hindered states' ability to provide adequate testing and healthcare.

In the future, for any improvement to come of the COVID-19 pandemic, the WHO should be given more authority and funding in order for it to make accu-

rate and independent decisions. Its dependence on member states is the reason it has to limit itself to the information provided by them and suggest policies that are in their interests. If states are willing to sacrifice some sovereignty in order to have a powerful World Health Organization, future global health emergencies could be dealt with through strong international cooperation. The current system is hollow, any suggestion by the WHO cannot be implemented on the grounds. For this reason, criticizing the WHO for not being the savior during the pandemic is hypocritical, because the critics are the reason it is not able to perform adequately. The WHO is not faultless, it should acknowledge that it has an international responsibility that is inherently political. The WHO should be recognized as a tool that states put effort into, in order to reap the benefits when faced with crises.

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