

The WHO's Dilemma in Global Outbreak Response

There is nothing exceptional about the World Health Organization's (WHO) alleged pro-China bias during the coronavirus pandemic. Chronic underfunding and a toothless mandate often leave the UN agency with political appeasement as its only means of ensuring the cooperation of an affected country. In spite of this, the necessary reforms are not in the pipeline.

By Jan Thiel

Since its foundation in 1948, the WHO has played a leading role in global health issues. As such, it is more than just an aid organization for developing countries. Headquartered in Geneva, this specialized agency within the UN system supports the health-care systems of its 194 member states with the development of international standards and evidence-based guidelines for medicine and health policy, amongst other things. The WHO also monitors global health trends, promotes research and development in areas that the pharmaceutical industry neglect for economic reasons, and provides emergency relief during natural disasters.

It is best known for its work in international disease control. The eradication of smallpox in 1980 remains one of its greatest achievements. For more than three decades, the WHO has also been aiming to eradicate the poliovirus through a global vaccination campaign and by tracing chains of infection across the world.

However, the UN agency regularly comes under criticism for its handling of serious health crises. After the 2009 swine flu outbreak, it was accused of declaring an international health emergency too hastily and recommending that countries buy expen-



During a press conference in Beijing on 24 February 2020, Bruce Aylward (WHO) presents the results of an international mission of experts. *Thomas Peter / Reuters*

sive vaccines, which had to be destroyed after the pandemic unexpectedly turned out to be mild. During the Ebola epidemic in West Africa from 2014 to 2016, the WHO was once again criticized for responding too late and only raising the alarm and mobilizing international aid after several months and over a thousand deaths.

The WHO has now been plunged into a new political and financial crisis after being accused of bias towards China during the coronavirus crisis. It declared an international health emergency as early as the end of January 2020 – less than four weeks after the outbreak of the new virus in the Chinese city of Wuhan – and warned countries

to prepare for a pandemic with far-reaching humanitarian and economic consequences. However, the WHO's effusive praise for China's crisis management in spite of Beijing's attempted cover-up and lack of cooperation with the international community raised doubts about the UN agency's independence in the midst of the biggest health crisis in its history.

Recently, the US responded by stopping all further payments to the WHO and submitting an official letter of withdrawal. While this unprecedented move may also have been motivated by domestic policy considerations in an effort to distract attention from the Trump administration's own mistakes in managing its national coronavirus crisis, the US is not the WHO's only critic. The Japanese Deputy Prime Minister Taro Aso recently went as far as sarcastically referring to the WHO as the "Chinese Health Organization". The EU is also calling for an independent inquiry into the WHO's crisis management and was instrumental in putting forward a corresponding resolution that was passed by the World Health Assembly – the WHO's highest political supervisory body – in May and backed by all member states, including China and the US. However, a final report on the inquiry is not expected until next year. As the WHO will also play an important role in the next health crisis, its current politicization raises questions about the reasons behind its controversial behaviour and the possibility of reform.

Controversial Crisis Management

The WHO makes a key contribution to global health security, with the decades of planning that have gone on in Geneva meaning that countries are better prepared than ever before to deal with infectious diseases. The development of national pandemic plans in accordance with WHO specifications is just one of many examples that are now proving decisive in crisis management.

The UN agency's importance is becoming patently clear during the current coronavirus crisis. Hundreds of sets of guidelines published by WHO expert committees provide important guidance for government decision makers and medical staff. Moreover, the WHO's 150 field offices and six regional offices support many developing countries by training staff and procuring protective equipment and ventilators to prevent the collapse of healthcare systems, some of which are in a dilapidated state. Hopes are also being pinned on global research and the development of a new vaccine, likewise be-

The WHO's Mandate for Global Health Security

The International Health Regulations (IHR) set out the WHO's powers to combat outbreaks of infectious disease. This instrument of international law was renegotiated between 1995 and 2005 with the aim of expanding the reporting requirements for member states to cover all infectious diseases rather than just three (see CSS Analyses No. 217). The new IHR came into force in 2007 and are binding for all 194 member states.

Pandemic Preparedness: The WHO draws up international guidelines on how countries are to prepare for outbreaks. Although all member states are obliged to create these "IHR core capacities", many developing countries and emerging economies have not yet done so to a satisfactory extent. According to the WHO, Switzerland is the global leader with a 95 per cent degree of implementation, above the European average of 75 per cent.

Early Warning System: The WHO communicates information about new outbreaks and assesses the danger that they pose to the international community. In addition, the WHO is authorized to declare an international health emergency after consulting an external body of experts. However, this symbolic act has no legal consequences for countries.

Protective Measures: The WHO also draws up guidelines about how countries and populations can best protect themselves against a novel infectious disease. These recommendations include restrictions on trade and travel but are not binding on states.

Research and Development: The WHO also has a mandate to coordinate scientists, the pharmaceutical industry, and politicians in their search for new treatments and vaccines during a health crisis.

ing coordinated by the WHO. Here too, Geneva will have a key political role to play to ensure that countries in the Global South will be able to afford vaccines.

Yet, the way in which China's attempted cover-up was handled has raised critical questions about the WHO's crisis management. According to the International Health Regulations (IHR, see info box), countries are obliged to inform the agency about any new outbreaks of disease within 24 hours and to provide further details on request. However, China did not comply with this obligation during the first few decisive weeks of the pandemic. Although Beijing did notify the WHO about the outbreak of a novel respiratory disease as early as the end of December 2019, the number of reported cases in the following month were either incomplete or not broken down in sufficient detail, and did not allow any reliable conclusions to be drawn about rates of infection or the possibility of human-to-human transmission. Moreover, China did not release the fully sequenced genome of the novel coronavirus for almost two weeks, thereby delaying the international development of a diagnostic test and a vaccine. In addition to these violations of its obligations under international law, China's state censorship of official reporting and prosecution of whistle blowers made it harder for the WHO to get a full picture of the situation.

However, the UN agency has so far refrained from criticizing China's lack of

transparency. Notwithstanding doubts voiced internally about the reliability of the data, the WHO press office used the official figures from Beijing in its daily status reports. Indications of the Chinese authorities' lack of cooperation were also not made public. The WHO's Director-General Tedros Ghebreyesus also praised China repeatedly for its "incredible" transparency and "exemplary" dedication, which in his view set "new standards" in epidemic control, and pointed to the "advantages of the Chinese system" to justify his words. This behaviour from the WHO has raised doubts about its independence and credibility amongst many observers.

China Is Not an Exceptional Case

China's growing influence on the WHO has long been met with increasingly mixed feelings on both sides of the Atlantic. It is true that the UN agency's financial dependence on China, which contributes less than two per cent of its budget, is still negligible for the moment. By way of comparison, the US with over 15 per cent of the WHO's budget has remained its largest donor, providing 900 million USD – over the past two years. China's voluntary contributions made on top of its mandatory dues, which are assessed based on the population and economy of a country, remain particularly low. For example, even Switzerland's complementary donations of 27 million USD between 2018-19 account for more than twice as much as China's voluntary contributions over the past biennium.

Yet, Beijing is an important strategic partner for the WHO. The visit of Chinese Premier Xi Jinping to its headquarters in Geneva in 2017 symbolized the new superpower's stronger financial and political commitment to multilateral health policy. Tedros Ghebreyesus, a former Ethiopian health and foreign minister, also has Chinese support during his election campaign to thank for securing the position of WHO director-general in the same year at the expense of British candidate, David Nabarro, who was backed by both the EU and US. Beijing's growing influence in many developing countries and emerging economies was a decisive factor here.

However, the accusation of pro-China bias during the coronavirus pandemic fails to take into account similar behaviour by the WHO that was observable during previous health crises, including towards less powerful member states. China is not the first or the only country to withhold information during an outbreak. In fact, lack of transparency is a structural problem in international pandemic control. When there is a new outbreak, other countries often impose restrictions on trade and travel to protect their own population, generating high costs for tourism and the overall economy in the states affected. The current coronavirus pandemic is providing an unprecedented example of how such restrictive measures can rapidly spread across the globe. Uncertainty over the infection and mortal-

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ity rate of a novel virus during the first stage of an outbreak – as was the case with the coronavirus – makes lack of transparency a common strategy for affected countries to adopt in order to avoid unnecessary socio-economic costs if its progression turns out to be mild.

Open criticism by the WHO of its member states is extremely rare. Its confrontational stance on China during the SARS crisis in 2002/2003 under Norwegian Director-General Gro Harlem Brundtland, shortly before the end of her term in office, has to be seen as a historical exception to this rule. Instead, the WHO's crisis management is based on an appeasement strategy. During the Ebola epidemic in West Africa, too, the UN agency avoided publicly chastising the

most severely affected countries (Liberia, Guinea, and Sierra Leone) for their lack of transparency and cooperation. In fact, its director-general at the time, the Chinese-Canadian Margaret Chan, actually praised the commitment of the states affected and delayed declaring an emergency despite the alarming number of cases. The structural nature of this controversial behaviour raises questions about the reasons behind it and the possibility of reform.

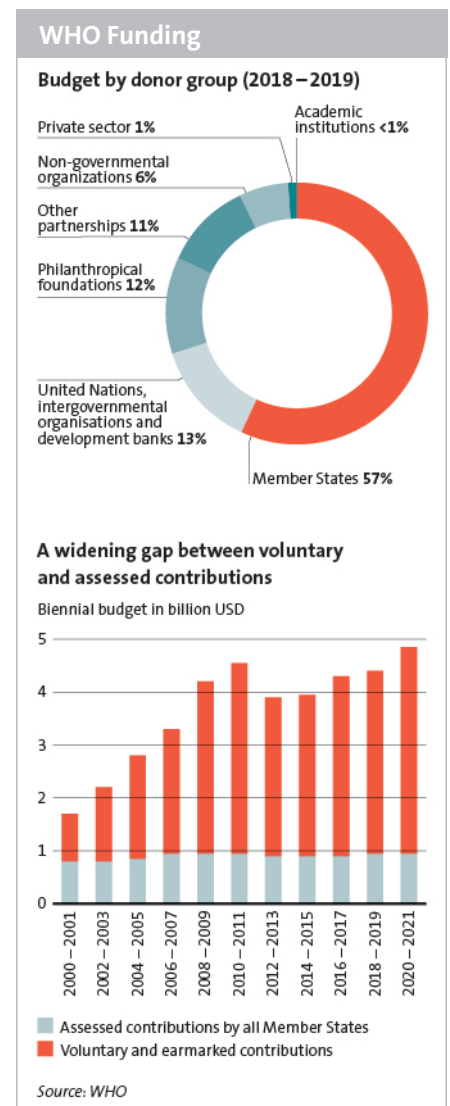
Chronic Underfunding

Uncertainty over its finances has caused a culture of political restraint to be deeply engrained in the UN agency. Experts have long criticized the WHO's budget as insufficient. With somewhere over 2 billion USD a year at its disposal, the WHO currently has the same level of resources for its global work as the nearby Geneva University Hospital. For this reason, the WHO has had to ask for a further 2 billion USD from its member states since the onset of the coronavirus pandemic in order to be able to fund its work for this year alone.

Its dependency on voluntary donations makes it particularly difficult for the WHO to put its donors under too much pressure. Countries are also still the most important sources of funding, contributing almost 60 per cent of the agency's budget. However, under pressure from the US in 1993, which wanted to increase control over the organization, the mandatory contributions for all member states were frozen at their current levels and have not been increased since. As a result, the WHO now generates more than 80 per cent of its income from voluntary donations, a record amongst the UN's 15 specialized agencies. The earmarked nature of these funds does not only limit the WHO's financial flexibility in severe crises – more than half the voluntary contributions still come from national governments. The need to permanently lobby its members in order to raise this external funding makes open criticism of countries extremely rare, not just in terms of epidemic control but also in all other areas of the WHO's work.

A Toothless Mandate

In addition, the IHR restrict the WHO's political freedom for action during a new outbreak. Direct access to its epicentre is required for a comprehensive risk analysis. However, the IHR do not force affected countries to allow international teams of experts onto their territory. Instead, the



WHO has to get explicit permission from the relevant administration before it can investigate the outbreak on the ground. In addition, the WHO does not have any kind of sanctions at its disposal to hold states to account for violating their reporting obligations under international law. Sanctions can only be agreed by the UN Security Council. This means that the WHO is ultimately reliant on the good will of an affected country.

In addition, public confrontation usually impedes access to important information. During the first SARS pandemic, China did not allow a WHO team of experts in until five months after the first cases of the novel respiratory disease had emerged in Guangdong Province in November 2002. Likewise, Indonesia withheld samples of a novel, rapidly mutating strain of avian in-

fluenza for more than a year in 2005. During the current coronavirus crisis, political pressure from the WHO also prompted some strong reactions from affected states. After its decision to relax lockdown restrictions was criticized as premature, Brazil stopped publishing new case numbers for a time. Only an order from the Brazilian Supreme Court forced the government to change course. As a result, the country's president, Jair Bolsonaro, is now threatening to withdraw from the WHO. In May, the East African state of Burundi also expelled WHO workers from the country after the agency's field office had criticized the administration's insufficient protective measures during the ongoing presidential election campaign there.

Appeasing affected states on a political level is often the only way to guarantee cooperation by their health authorities. This controversial strategy has been successful in China's case. During the unscheduled visit by the WHO Director-General to Beijing at the end of January 2020, President Xi Jinping agreed to allow an international team of experts into China. Members of the German Robert Koch Institute (RKI) and the US Center for Disease Control and Prevention (CDC) were among the 25 experts. Their week-long access to the epicentre of the pandemic in mid-February would have been extremely unlikely without the WHO's powers of persuasion. Cooperation between China's Center for Disease Control and the international expert community has likewise improved in recent months, which is also proving decisive in the ongoing development of new vaccines and treatments for coronavirus.

However, the strategy of appeasement that the UN agency tends to adopt remains controversial within the WHO's own cor-

ridors too. External criticism of its crisis management has already led to a lasting loss of confidence in the WHO following previous health emergencies with negative repercussions also for its many other areas of work beyond epidemic control. This is why some staff warned their new director-general behind closed doors against adopting an overly obsequious attitude towards Beijing after the outbreak of the novel coronavirus. The US threat of withdrawal and its potential adverse financial impact on all areas of the WHO's work have intensified the internal controversy even further.

Reforms Unlikely

However, the US' future involvement in global health policy remains uncertain. Although President Trump recently submitted his formal letter of withdrawal, the US will not be allowed to leave the WHO officially until July 2021 as there is a one-year notice period. Joe Biden, Trump's Democratic opponent in November's presidential elections, has already made it known that he will put an immediate stop to his country's exit if he wins. Meanwhile, China has already tripled its voluntary contributions in response to the US' decision to discontinue payments and has promised a further 2 billion USD to the global fight against the coronavirus. As such, the US presidential elections will also have a decisive influence on the financial and political balance of power within the WHO over the coming years.

No reforms that would strengthen the WHO's independence in international epidemic control are to be expected over the medium term, however. Developing countries are not currently indicating any willingness to increase their assessed contributions. In addition, earmarked funds give member states with a lot of financial clout an effective tool to exert strategic influence

on the UN agency. Therefore, the WHO's dependence on temporary and voluntary contributions will make it difficult for the agency to give its donor governments a public dressing-down during the next health crisis as well.

Any strengthening of its mandate under international law also seems improbable. At the World Health Assembly, Australia recently suggested that the IHR could be renegotiated with the aim of giving the WHO the power to investigate an outbreak of disease without permission from the administration concerned. While the proposal attracted media attention, it failed to gain traction in political circles. Providing access to epicentres within their borders is an important bargaining chip for financially weaker developing countries in particular to exert political influence over the WHO's behaviour during a health crisis. It also seems unlikely that member states such as China or Russia would accept such drastic incursions into their territorial sovereignty. Even the WHO's own staff are whispering warnings against unravelling the IHR. They are worried that, given the current political climate, the organisation could emerge from any renegotiation weaker rather than stronger. Therefore, a toothless mandate will continue to leave the WHO with a dilemma in the future: how can it alert the world about new epidemics and publicly condemn attempted cover-ups without jeopardising cooperation by the affected states and thus access for the international community to the epicentre of the next pandemic.

For more on the security policy implications of the corona crisis, see [CSS core theme page](#).

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