The Politicisation of WHO

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On 29 June 2020, President Trump announced his decision to “terminate” the U.S. relationship with the World Health Organization (WHO). This action was culmination of the U.S criticism of the WHO and its Director-General, for having been soft on China. The latter’s mishandling of the coronavirus, which has now spread to the entire world, had claimed nearly a million lives by the third week of September. In the U.S. alone, nearly 7 million people have been infected, and over 200,000 have succumbed to the coronavirus. In India, the figure of infected has crossed 5 million with 85,000 deaths. The sum and substance of the criticism against the WHO is that it covered up China’s mishandling of the crisis. President Trump has directly blamed China for spreading the virus across the world by not having taken steps to restrict travel to other countries or within China. In its turn, a Chinese official spokesman, without adducing any credible evidence, accused the U.S. Army of having brought the virus to China in the first place. Several media reports and videos have been documenting the mishandling of the virus for several months in 2019 before China reported to the WHO.

The Director-General of the WHO, Tedros Adhanom Ghebreyesus, has been criticized for his soft attitude towards China. The WHO has been accused of not exercising independent judgment on the Chinese handling of the crisis, which was characterized by lack of transparency, cover-up, and delay in reporting the virus. Instead, the WHO decided to go along with the Chinese briefings. A WHO team that visited China in February gave a thumbs up to the Chinese handling of the pandemic.

At the first meeting of the emergency committee on 23 January 2020, which advises the director-general whether or not to declare Public Health Emergency of...
International Concerns (PHEIC), the opinion was divided over whether the outbreak of novel coronavirus represents a global emergency or not. The second meeting of the emergency committee was held at the end of January. COVID-19 was declared as a public health emergency of international concern; the Committee welcomed the “leadership and political commitment of the very highest levels of the Chinese government, their commitment to transparency, and the efforts made to investigate and contain the current outbreak.” This was at a time when the virus had already spread to several countries. The Emergency Committee approvingly said that China had “quickly identified the virus and shared its sequence, so that other countries could diagnose it quickly and protect themselves, which has resulted in the rapid development of diagnostic tools...The measures China has taken are good not only for that country but also for the rest of the world.”

Even as COVID-19 was declared as a global health emergency, the Committee sought to mollify China by publicly endorsing China’s actions and its claimed transparency in handling the crisis. This ringing endorsement of China, in hindsight, looks hollow and raises the question of whether the Committee Members were speaking the Chinese language knowingly or unknowingly. The Chinese official spokespersons have used the Committee’s endorsement, which absolves them from any shortcomings in dealing with the crisis at the initial stages, for their propaganda.

The WHO’s reluctance to call out China for its mishandling of the crisis has not gone down well with the international community. The 73rd session of the World Health Assembly session was coming up soon. Australia and many other countries combined their efforts to have a resolution passed in the World Health Assembly, which would censor China and call for impartial investigations into how and where the virus originated. China blocked their efforts and eventually a mild resolution, which included China as one of the co-sponsors, but excluded the U.S, was passed. The resolution did not hold China responsible and was passed at the WHO despite the opposition from the U.S and other countries. This showed the clout China had in the international community. The operating part of the resolution directed the WHO to;

"Initiate, at the earliest appropriate moment, and in consultation with Member States, 1 a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms, 2 as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, including (i) the effectiveness
of the mechanisms at WHO’s disposal; (ii) the functioning of the IHR and the status of implementation of the relevant recommendations of the previous IHR Review Committees; (iii) WHO’s contribution to United Nations-wide efforts; and (iv) the actions of WHO and their timelines pertaining to the COVID-19 pandemic, and make recommendations to improve global pandemic prevention, preparedness, and response capacity, including through strengthening, as appropriate, WHO’s Health Emergencies Programme;”

The resolution did not hold China accountable. It was couched in a language that was borrowed from earlier documents of the WHA. No timelines for the completion of the enquiry were mentioned. Most likely, the resolution will lead to yet another review of the International Health Regulations with more recommendations similar to the earlier recommendations. China was satisfied. It had escaped international scrutiny.

This is not the first time that WHO has come under criticism. In the 2014 Ebola outbreak in West Africa, the multilateral health body was seen to be soft towards the countries where the outbreak had taken place. WHO was reprehended for delaying the declaration of Ebola virus as a public health emergency of international concern under pressure from some countries. Thus, at the time of epidemics and pandemics, the pressure increases on WHO.

International Health Regulations

The WHO works under well-defined rules, and the International Health Regulations of 2005 give the WHO formidable powers to declare emerging diseases as global public health emergencies. The WHO also advises the member countries about trade and travel restrictions. The task of declaring a global health emergency is onerous and challenging and fraught with risks. The affected countries may or may not share the information with the WHO promptly. Generally, they also seek to underplay the severity of the outbreak. The Director-General is assisted by reputed public health experts of global repute in his work. He can set up Emergency Committees comprising of public health experts to advise him on whether not to declare an outbreak a global health emergency and also what steps should be taken to contain the disease. This procedure is well laid out in the International Health Regulations of 2005.

International Health Regulations (IHR) trace their pedigree to the series of international sanitation conferences that were held in 1851 in Paris. The focus of public health at the time was on controlling cholera and plague, which were quite common then. The WHO was set up in 1948 to focus on public health issues at the global level. The 22nd World Health Assembly reviewed the International Sanitary Conference regulations and
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renamed them as International Health Regulations (IHR) 1969. IHR (1969) was a step in the right direction but suffered from the narrow scope of disease confined to cholera, plague and yellow fever, dependence on official country notifications, and a lack of international coordination mechanisms to stop the spread of disease. A new set of international Health Regulations was adopted in 2005. The IHRs have “universal application.”

The IHR 2005 provided a mechanism for the WHO to declare Public Health Emergency of International Concern (PHEIC). This mechanism is currently in force and has been used several times to declare emergencies at the time of H1N1 outbreak in 2009, the Polio setback in 2014, West African Ebola occurrence 2013-16, the outbreak of Zika virus in 2016, the appearance of Ebola in Kivu in 2018-19 and the novel coronavirus in 2019-20. At the time of the outbreak of SARS in 2002, the discussion on international health regulations had just begun. In 2005, 193 countries agreed on international health regulations. IHR is akin to a binding international treaty which governs the global public health at the time of pandemics and outbreaks.

The 2009 H1N1 crisis led to the demand for the review of International Health Regulations (IHR). IHR has been reviewed in 2011 and again in 2016. The review committees have found that while the International Health Regulations were well-drafted and sound, the problem lies in their implementation. Weak implementation of IHR meant that the WHO could not deal effectively with the 2010 H1N1 crisis and the 2017 Ebola virus crisis. The review committees have gone into the details of the shortcomings in implementation. 3

One of the significant findings of both the review committees was that many member countries have not been able to build the eight-core capacities in public health, which are needed for effective disease surveillance, detection, and response. These capacities are critical to contain the disease in the initial stages itself. It was also found that there is usually confusion once a contagion is declared as a public health emergency. Trade and travel restrictions, which impact livelihoods and economies, have to be imposed with great deliberation. Quite often, the countries which fall victim to the infectious outbreaks begin to take arbitrary actions, which in turn are replicated by other concerned countries.

The lack of coordination between the WHO and the national agencies, and WHO and other international agencies is quite prevalent. The review committees had suggested that the coordination and synergy between the WHO and the various agencies at the national and international levels should be standard and improved.
It has been found that 127 countries out of 196 lack core capacities to deal with such disease outbreaks. Strengthening the core capacities of countries with inadequate resources is a herculean task. They require funding, human resources, training, logistics, medical supplies, and many other things. Investment in public health has been weak in many countries. This is the reason why they find it challenging to deal with infections at the early stages. Inevitably, these infections spread and cause widespread damage.

The outbreak of COVID-19 and the subsequent spread has shown that the capacities dealing with such infections are uneven in different parts of the world. This time around, even most of the developed countries could not handle the severity of the infection and succumbed to its rapid spread. Even a country like the United States and developed European countries suffered heavy casualties at the hand of the virus. The virus is still spreading, and the toll of human lives is rising.

China’s Culpability

One must be objective in deciding where the blame for the ineffective handling of outbreaks lies—the WHO has been criticised on earlier occasions for its inadequate handling of the disease outbreaks. Seven reports were written by independent experts to examine the adequacy of the WHO response in its handling of the West Africa Ebola virus outbreak. Equally, it must be acknowledged that part of the blame lies with the member countries for their acts of omission and commission at the time of outbreaks.

In the case of COVID-19, China has been adamant in blocking all inquiries into the origins of the virus, which reportedly occurred in Wuhan. Did it occur in a virology lab or a wet market of Wuhan? There is much speculation on the origin of the virus. It is also not clear when and how China discovered the virus and what actions it took to contain it. A proper enquiry is needed to ascertain how transparent and forthcoming China was in reporting the virus to the WHO and sharing the relevant information. China, in its defence, always claims that it was transparent and that it shared the genome structure of the virus with the public in the first week of January 2020. However, circumstantial evidence shows that China was aware of the virus much before it reported it to the world. It is possible that the WHO may have been kept in the bay by the Chinese authorities for a considerable time. Only an impartial enquiry can settle this matter.

The WHO must be criticised for its initial handling of the virus and reposing faith in the Chinese authorities. However, one can also be a bit sympathetic and appreciate that
the experts would not be fully aware of the initial stages of what was going on? The primary responsibility of sharing proper information promptly with the WHO would be that of China. Only a proper investigation would show whether the initial sympathy towards China was genuine, or it was the Chinese pressure that was working.

While the criticism of the WHO on COVID-19 is understandable, the intense politicisation of this vital institution -- that examines and has to appropriately respond to issues related to global health-- at a time when the pandemic is raging, is unfortunate. The tendency to denigrate the WHO and hold it as responsible for everything that has gone wrong must be tempered with the knowledge that it works under numerous constraints imposed by the sovereign member countries who may have the motives for suppressing the information at the initial critical stage. The WHO, since its inception in 1948, has done commendable work on global health. It has been at the forefront of the eradication of smallpox and polio. It has helped countries build health capacities. At the time of the SARS crisis in 2002, the WHO had criticised China directly and enforced appropriate actions to contain the spread. The WHO's expertise on health issues is unmatched. A weak and hobbled WHO would be a tragedy for the world, particularly at a time when global health security issues are becoming urgent.

Like any other global institution, the WHO also faces the dilemma of how to use its powers without confronting members-states. WHO is always confronted with the unenviable task of making sovereign countries comply with its directives. Sometimes they do, sometimes they do not. In the present case, China, which is now a powerful country, obviously exercises an influence on the institution. It is also one of the main funders of the WHO. Most Director-Generals would have difficulty in taking on a powerful country when the latter is involved in a pandemic outbreak. That is the unfortunate reality.

The WHO is also caught in the crossfire of US-China strategic rivalry, which is playing out on many other fronts. Slowly, the Cold War mentality is coming back. Some say that a new Cold War has already begun. The WHO may be the first international institution to become a casualty of the new Cold War. The International Health Regulations give WHO considerable powers. WHO should have exercised its powers and stood up to China. It is, however, easier said than done.

This is the 75th year of the United Nations. Multilateralism is facing an unprecedented crisis. The paralysis of the WHO is a reflection of the emerging dysfunctionality of multilateralism. The crisis in the WHO can readily spread to other international organisations. There is a need to have a relook at the international health regulations and to ensure that nation-states, especially the major powers, collaborate and cooperate for the common
good. The way ahead should be to have an open discussion in the U.N. General Assembly on the pandemic. As recent developments show, China is in a position to manipulate international organisations. Hopefully, a discussion at the UNGA would flag the points for moving ahead.

On 22 May 2020, India was elected as the chair of the executive board of the WHO for a three-year term. The executive board has the responsibility to implement the decisions of the health assembly. India takes over this position at the time of high flux and uncertainty. The investigation into the handling of the COVID-19 is a major decision of the 73rd World Health Assembly session. One hopes that India will be able to facilitate an impartial enquiry into one of the greatest public health challenges that the world is facing.

References


2. Ibid.

