W.H.O Coronavirus Response Policy Analysis

By James McClure

James McClure is a sophomore at the University of North Carolina at Chapel Hill majoring in Global Studies and Public Policy, with a minor in French. His article was inspired by his interest in the role of international institutions in foreign affairs, especially in the case of crises such as the COVID-19 pandemic. It was written as the final paper for PLCY 210: Policy Innovation and Analysis and takes the form of an analysis of several potential policy changes for the World Health Organization, in response to the failure of the international community to limit the spread of the COVID-19.

When examining the accomplishments of the World Health Organization (WHO), the merits of its role in global health governance are undeniable. Since the WHO was founded in 1947, it has been responsible for nearly eradicating polio, creating guidelines for declaring international public health emergencies, and addressing health inequities between developed and developing countries. Currently, the WHO coordinates the creation of the seasonal flu vaccine, leads the international response to health emergencies, and performs research and interventions on ongoing health crises worldwide. While the value of the WHO to the world seems obvious, its insufficient response to the spread of COVID-19 has shown the limits of its organizational structure in coordinating a global public health response. Many world leaders are now seemingly at a crossroads: reform the WHO and allow it to combat the pandemics of the future, or abandon it altogether and find a better option for the world.

Problem Definition

While the COVID-19 pandemic's complete impact on human society is yet to be known, the crisis clearly highlighted the flaws in the World Health Organization's public health response and enforcement mechanisms. On January 30, 2020, the WHO declared COVID-19 a "Public Health Emergency of International Concern" (PHEIC), and specified that countries with vulnerable health systems were particularly at risk. The recommendations provided in the declaration included contact tracing, early observation, and patient isolation. Even though these guidelines were sound, lack of transparency between the WHO and the Chinese government played a significant role in the creation of the crisis the world now lives with in every aspect of daily life.

The Chinese government contacted the WHO about the Wuhan outbreak on December 31, but it was not until two weeks later, on January 12, that China confirmed the full genome sequence of the virus with WHO scientists. Retrospective analysis revealed that production of test kits during that two-week time period could have significantly improved the initial response in Wuhan. Even after the Chinese government refused the WHO's request for observers in Hubei province and underreported initial cases, WHO Director General Tedros Adhanom Ghebreyesus commended China for "setting a new standard for outbreak control". Taiwanese officials also stated that the WHO did not respond to their initial warning related to COVID, since Taiwan lacks member status, due to China's continued claims of possession over Taiwan. Critics believe Adhanom moved too slowly to declare a PHEIC, as there were nearly 10,000 cas-
es by the time of the declaration. It is no wonder that many view the WHO's initial COVID response as inefficient and bending to the will of the Chinese authoritarian regime. The structure of the WHO is fundamentally not conducive to the sub-par public health responses of governments across the globe. The organization lacks any enforcement mechanism and possesses a budget nearly the size of a university hospital. While the WHO could have done more to condemn the actions of the Chinese government, as it did after the lack of transparency by the Chinese government during the SARS epidemic, criticism would have had little impact beyond symbolic signaling. The behavior of Western countries, who are the primary benefactors of the WHO, has also proved detrimental to a successful response to COVID-19. On February 5, 2020, the organization asked for $675 million in support for a global preparedness and response plan to the pandemic, primarily to provide aid to the nations most vulnerable to outbreaks. By March 4, the international community had only offered $1.2 million in support. The response plan did not receive adequate funding until the first week of April, when the global case count surpassed one million. The actions of the U.S. and UK governments in this pandemic are excellent examples of the international community going against WHO recommendations. The Johnson administration's misguided attempt to initially avoid economic shutdowns as well as the Trump administration's sustained campaign of misinformation regarding COVID-19 highlight the WHO's inability to influence foreign governments to follow their guidelines, as well as the lack of repercussions for these actions. Unlike the World Trade Organization, the WHO has no ability to sanction its members, which makes strict enforcement of public health regulations nearly impossible. While it is not the fault of the organization itself that individual nations responded poorly to the spread of the virus, structural flaws within the organization and lack of credibility from its Director General likely worsened confidence in WHO guidance.

Goals

In my analysis, I will examine three possible policy alternatives to the status quo of the WHO. To evaluate each of my policy alternatives, I will use two evaluative criteria. The first criterion will be cost-effectiveness. Questions regarding this criterion include whether the alternative will be more effective at preventing a public health disaster than the current status of WHO, or if required member state contributions would increase. I will also analyze the political feasibility of each alternative by evaluating whether or not the governments of highly contributing member states will favor possible changes. After thorough consideration of each alternative, I will recommend the most effective option according to my chosen evaluative criteria, and the logistics of implementing the chosen alternative.

Role for Government

According to an economic analysis from July 2020, it is estimated that total worldwide consumption loss as a result of COVID-19 is $3.8 trillion dollars, or approximately 4.2% of global GDP. It is likely that these losses will rise, as the pandemic has no end in sight until the broad implementation of vaccines, which poses a greater challenge to developing countries than developed nations due to global vaccine supply inequalities. The economic consequences of COVID-19 justify government intervention, as the spread of the coronavirus creates a negative externality that the market will not offset on its own. While many world leaders espouse that the re-opening of economy must be prioritized over "social distancing" measures, a former director of the Center for Disease Control and Prevention (CDC) warned in April of 2020 that cases could get “five times or close to 10 times worse” if the return to normalcy is too rapid and without proper precautions. If leaders continue to maximize productive output without regard for the possible acceleration of coronavirus spread, the humanitarian consequences will also intensify. As
of April 2021, global coronavirus cases exceed 136 million, with over 2.9 million deaths. To properly address future pandemics and prevent devastating economic consequences and millions of deaths, members of the international community must intervene and create policy changes to the current structure of the WHO.

**Policy Alternatives**

*Option 1: Grant the WHO the power of “Dispute Settlement Mechanism”*

My first possible policy alternative would involve modifying the WHO, giving it the power to enforce agreements and creating a required contribution minimum to ensure it receives proper funding. Enforcement power would involve the creation of a “Dispute Settlement Mechanism” (DSM) power for WHO authorities and member states, which would allow for an intrusion of national sovereignty upon member states in the event that international public health guidelines were violated. The World Trade Organization possesses DSM power and is able to issue a fine to member nations when one violates an agreement. In this process, a member state abiding by WHO lockdown recommendations could present a case arguing that inaction by these countries at the onset of this pandemic further intensified the spread of COVID internationally. Even though DSM trials are oftentimes slow-moving and inefficient, the opportunity for member states to hold one another accountable for any violations of international guidelines is essential to a stronger WHO.

While giving the WHO DSM power may aid the halting of future pandemics, better global health standards are necessary as a basis for these enforcement decisions. The International Health Regulations (IHR) act as a template for action in a global public health emergency and determine criteria for a public health emergency of international concern (PHEIC). These guidelines were most recently updated in 2005 after the MERS outbreak and were successful in addressing outbreaks of H1N1, polio, Zika, and Ebola in the decade after the update. Unfortunately, the current IHR was not effective at addressing the current COVID-19 crisis. While the agreement legally binds member nations to “develop core health capacities to detect and respond to public health emergencies,” compliance to this requirement is lacking, as many governments did not launch an adequate governmental response to the initial spread of COVID.

To remedy the problem of WHO underfunding, I would suggest a required member fee that is proportional to GDP. In the 2018-2019 biennium, five of the top ten WHO donors were nonprofit organizations rather than sovereign nations, with the third highest donation
coming from the Bill and Melinda Gates Foundation. While the U.S. and UK were the top donors during that two-year period, their contributions were only a small fraction of their respective GDPs. Another problem with the status quo of WHO funding is the reliance on voluntary contributions; according to an analysis of the 2018-2019 budget, less than $1 billion of the $4.8 billion budget came from mandatory contributions. If the WHO raises the requirement for mandatory contributions in addition to raising the organization’s overall budget, the WHO would be able to create more consistent and effective policy. Creating a more powerful WHO may seem politically infeasible due to the importance of national sovereignty amongst the international community, yet the long-lasting impact of COVID-19 may shift the global landscape in favor of stronger, more impactful global governance. It is also difficult for governments to justify raising financial commitments to international organizations to their citizens, as the primary benefit of strong global governance is prevention of disaster, rather than a specified tangible policy outcome. If the WHO prevents pandemics in the future, uneducated onlookers may view it as an organization with little purpose or use. Regardless of these difficulties, attitudes towards the WHO may change once the full impact of COVID has been realized. These implications suggest that other policy solutions may be necessary to increase the efficiency of the WHO.

**Option 2: Create a new international agreement**

Another possible alternative would be to maintain the current structure of the WHO while creating a separate international agreement with fewer nations. One option would consist of an agreement similar to the Paris Climate Accords, where each nation would set an individual goal for public health infrastructure improvements to maintain and uphold. To improve the enforcement power of an international agreement, one could adopt an agreement with stringent guidelines similar to the North American Free Trade Agreement (NAFTA), which has been more widely enforced than the Paris Agreement. Agreements with more rigid guidelines would likely be less politically feasible and have less widespread international support, yet alternatively, more flexible agreements would likely be less effective in influencing global public health policy. After the introduction of several vaccines, it may be best for an international agreement to incentivize the distribution of vaccines ahead of the more complex task of creating global health security infrastructure to prevent future pandemics.

An advantage of the treaty approach is that it would allow nations to utilize international organizations and other existing institutions for the disputing of potential inter-state conflicts after the pandemic. The WTO already has the power of DSM, so disgruntled nations could present arguments for inaction to the pandemic in a context of economic damages. Another justified DSM case may come from arguing against “cases of unjustified trade restrictions” that were ineffective during the initial stages of the pandemic. In addition, civil society watchdog groups may be the most realistic way of monitoring member state compliance, as many nations have little appetite for organizations or treaties that infringe on their national sovereignty. These trends are evidenced by the lack of adherence to human rights doctrine across history, particularly under authoritarian or nationalist governments.

**Option 3: Abandon the WHO entirely**

The alternative that seems the most politically feasible in the context of global authoritarian backsliding is to abandon the WHO entirely due to its failure to address China’s initial mishandling of the novel coronavirus. Isolationists would favor this option, as many see the WHO as wasteful and ineffective at coercing foreign leaders to change their policies. In this scenario, states would set their own public health priorities, without international cooperation. While abandoning global governance would save billions in funds for foreign governments, it would leave the world unprepared
for future pandemics. Due to climate change and agricultural techniques that put people into contact with animal habitats, scientists expect that pandemics will reoccur in the coming years. 29

In the absence of an international global public health authority, many nations may look towards the global world hegemon, the United States, to become the world’s leading public health authority. There are a variety of problems with a U.S.-centered global health system. Firstly, the U.S. lacks the impartiality and credibility it takes to take the role of the WHO. Due to the U.S.’s grotesque colonial history and completely inadequate COVID-19 response by the Trump administration, many governments will never see the U.S. government as a reliable leader of an international coalition. These trends are best evidenced by an incident where the CIA organized a fake vaccination drive in Pakistan to obtain the DNA of Osama bin Laden’s family. 30 Without trust from the international community, the U.S. could potentially fumble groundbreaking health accomplishments the WHO is close to completing, such as the eradication of Polio. 31

In evaluating each of my proposed policy alternatives in terms of cost-effectiveness, a reformed WHO with an updated IHR, DSM power, and better funding would rank the highest. If tangible consequences are introduced for non-compliance with revised WHO guidelines, this path would provide the greatest chance of preventing future crises for the lowest cost. According to a report by the JAMA Health Forum, “Sustainable investments in the WHO would more than pay for themselves,” as they would reduce government spending occurring in the event of pandemics, such as the trillions the U.S. government spent on COVID-19 stimulus packages. 32 Unfortunately, the option of a reformed WHO may be the least politically feasible, as many member nations would likely oppose these changes or leave the WHO entirely if they were to be implemented. A comprehensive global health treaty would be next most cost-effective, as it would be more politically feasible than a broad alteration of the WHO and still allow for enhanced international cooperation in the realm of public health security. It is unlikely that a treaty would be as effective as a reformed WHO, as a treaty does not replace the role of a centralized organization whose sole goal is to address health inequities and crises worldwide.

**Recommendations and Conclusions**

The option of reforming the WHO is the most appealing under my evaluative criteria. To implement these recommended changes, it would be essential to hold a summit of member states and WHO officials to discuss the logistics of raising member fees, creating a DSM tribunal, and revising the IHR, soon into the post-vaccine era. While one could be tempted to favor the input of the nations with the highest voluntary contributions to the WHO (the U.S. and the UK), it is imperative that nations such as China and Russia, whose leaders may be more resistant to an organization that could violate their national sovereignty, are also supportive of the possible reforms. The voices of leaders of the global south must also be considered in negotiations, as much of the health capacity building projects that the WHO undertakes occur in the regions of sub-Saharan Africa, Latin America, as well as South and East Asia. Some experts even recommend moving the WHO headquarters to sub-Saharan Africa, to allow the organization to “respond rapidly where its technical assistance is needed most.” 33

Beyond discussion of the reforms themselves, a process must be created to evaluate the effectiveness of the reforms made to the WHO. During the proposed summit, the creation of an oversight committee monitoring the efficiency and effectiveness of the WHO’s existing projects and new reforms is necessary. This committee would be most useful in the event of the next PHEIC, where it could compare global economic damages and promptness of international response under the revised WHO, to the response and damages of PHEICs under the unreformed WHO.
References

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Night lanterns in the old Taiwanese gold mining town of Jiufen. While mining no longer occurs, the town has turned into a popular tourist destination famous for its deserts and tea.

Photo by Christian DeSimone, Class of 2021
A view of the mountains at the Alps, Interlaken, Switzerland.

Photo by Danny Sachs, Lafayette College Class of 2022
This picture is of many tunnels that wind through the incredibly steep and tightly packed mountains in Taroko National Park, located on the eastern coast of Taiwan.

Photo by Christian DeSimone, Class of 2021