

Delving the Role of WHO *vis-a-vis* Covid-19

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Abstract

Study and investigation can be said to be search for truths, for facts and for certainties. Investigation is, in fact, the foundation of setting up future course of action and policies to overcome hurdles faced in the past which can be used for a healthy future. The World Health Organization has a central role to play in the case of issues pertaining to epidemic and pandemic and a proactive approach is required by the organization to curtail such problems. In this paper, the authors have tried to analyse the actions of the WHO and the approach adopted by the organization to address the pandemic. The authors have tried to critically analyse the allegations forwarded against the role of WHO. This paper is a small attempt to highlight the importance of such International organizations at the time of pandemic and the research proposes to develop a framework for the shortcomings that have engulfed the transparency, Independence and accountability of an international organization like WHO.

I. Introduction

There are several specialized agencies of the United Nations, one of which is the World Health Organization, which is entrusted with the responsibility to look after the international public health and wellness. The organization was established in 1948 on the first day of April, which is now observed and celebrated as World Health Day. WHO was not formulated as a process of spontaneous generation. As we look towards it today, it represents the culmination of over 180 years of strivings. Initially, in early 19th century, such a model worked with shallow objectives which only aimed at intergovernmental partnership and support in solving and combating health issues. For the first four decades, lack of scientific knowledge was a major drawback for such an international agreement. Since then, with the advancement of medical science and research has increased the possibilities of fruitful international cooperation that has benefited all of mankind.

The WHO had its predecessor as the League of Nations Health Organization but the first antecedent of WHO was the International Sanitary Conference organised by the French government in 1851 in Paris. It was aimed at developing international health as a systematic area of regulation with prescribed framework which entailed the action related to the field in mid nineteenth century. The Conference was a reaction to pandemic diseases which were coming menacingly from various parts of the world especially Western Europe. It was aimed at combating such pandemics like cholera, yellow fever and the bubonic plague. The reason that rooted the conference was the need to protect the people and territories from the outbreak of diseases. The objective with which the conference was initiated was to develop and evolve new modern and standardized methods to combat such epidemic outbreak. It majorly included but was not limited to quarantine.

The main agenda of the Conference was to discuss and deliberate upon cholera, a disease which had symptoms like vomiting, diarrhoea, dramatic onset cramps, etc.² The conference was attended by twelve governments including United Kingdom, Spain, Austria, etc. There were several

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² NEVILLE M. GOODMAN, INTERNATIONAL HEALTH ORGANIZATIONS AND THEIR WORK (1952).

meetings organized with an aim to develop a uniform system of maritime quarantine and to construct a grit of doctors, researchers, scientists and diplomats so that they could collectively engage in methods that can be utilized in the disinfection of vessels and ports. The urge for development of such mechanisms was crucial because the disease cholera travelled from Asian region to parts of Western Europe and Several Parts of America during nineteenth century but the said conference did not bear fruitful results initially but a Convention that would deal with outbreak of cholera was passed in the year 1892 and later in 1897 a Convention for plague also came into existence.

In 1913, just before the World War-I, Rockefeller Foundation found International Health Division (IHD). It was a private health philanthropy and operated in US, China, Latin America, Europe as well as various different regions of the world. The organization wanted to spread western medicine and promotion of American medical education to the rest of the world. John Farley termed this organization as informal ambassador of United Nations.³ Later an important agency was formulated in 1902 in America which was termed as Pan American Sanitary Bureau which was renamed twice; firstly, as Pan American Sanitary Organization in 1920 and Pan American Health Organization in late 1950s. Initially the membership to the Organization was limited to certain Latin American countries it beholds the work of International Health Division but took several initiatives to combat bubonic plague and smallpox.

The League of Nations Health Organization came into existence post world war one. Mainly because of the disruptions, troop movements, and social turmoil associated with World War I and its immediate aftermath, fearsome epidemic diseases now loomed again in the “East”: typhus in Russia, which threatened to spread through Poland to Western Europe because of the thousands of people fleeing from the epidemic and from famine, and cholera, smallpox, dysentery and typhoid in the Ottoman Empire, which threatened to spread through Greece. Article 23F of covenant empowered the LNHO it provides to “take steps in matters of international concern for the prevention and control of disease.”⁴ A League-sponsored conference in April 1920, attended by France, Great Britain, Italy, Canada, Japan, Poland, and the United States (which not far in the future opted not to become a member of LNHO) and representatives of the OIHP and the League of Red Cross Societies (LRCS) with full voting rights, recommended a temporary epidemic commission, established in May 1920, whose task was to help direct work in afflicted countries, primarily Poland, at least initially.

Despite the fact that there were communications, occasional cooperation, and some overlap of personnel between the OIHP and the LNHO, the leaders of both agencies strove to maintain their independence. For leaders of the OIHP, international health work primarily consisted in the collection, validation, and dissemination of epidemiological information. Leaders of the LNHO criticized the absence of executive function in the OIHP and made clear the LNHO was more than a sanitary watchtower.⁵ Another difference between the two organizations was that the language used in OIHP communications and publications was almost exclusively French, whereas the

³ JOHN FARLEY, *TO CAST OUT DISEASE: A HISTORY OF THE INTERNATIONAL HEALTH DIVISION OF THE ROCKEFELLER FOUNDATION 1913–1951* (2004).

⁴ FRANCIS PAUL WALTERS, *A HISTORY OF THE LEAGUE OF NATIONS* 59 (1952); *Supra* note 2 at p. 102.

⁵ MARCOS CUETO, THEODORE M. BROWN, ELIZABETH FEE, *THE WORLD HEALTH ORGANIZATION: A HISTORY* 21 (2019).

LNHO was more diversified in its staff and used both French and English in its publications. (A group portrait of part of the staff of the League of Nations Health Organization appears in Figure 1.2.) For example, of the 66 officers and clerical staff who had appointments in the LNHO's headquarters in Geneva in 1932, the majority were Swiss (17), but there were 8 Brits, 6 Poles, 1 American, and 1 Chinese.⁶ A difference between the two agencies was that the focus for the OIHP was the border crossing of infectious disease, whereas the LNHO went well beyond that to the consideration of the health conditions within countries and between regions.

By the mid-1920s, the architecture of the LNHO included a Health Committee and a Health Section that was part of the League of Nations' Secretariat. The Health Committee was composed of 16 senior officials from national public health services or medical experts selected for their technical qualifications and not as representatives of their governments (hence some American membership). The intention was to construct a technical international body of civil servants. The Health Section was the executive organ of the LNHO.⁷ By 1933, the LNHO's staff had grown to 18 technical officers. Non-professional personnel numbered 35 individuals, and nearly 100 experts in national health administrations and science research centres collaborated actively with the LNHO.⁸ Thanks to a broad and elastic charter, the LNHO undertook a variety of changing tasks, and in the process, helped to define the meaning of international health. In March of 1943, Gautier wrote an 11-page confidential report entitled "International Health in the Future."⁹

This report contained an outline of a future "supranational" health agency, meaning that the projected agency would take the initiative of intervening in emergencies "without waiting for a governmental request." Gautier considered the OIHP an unworthy German-controlled organization that should not be revitalized after the war. He also recognized that the LNHO would not survive in its present form but could, he hoped, be the basis for a new agency independent of the "interference" of diplomats. Gautier's document contained a sentence that in a more refined form would later be incorporated in the Preamble to the WHO Constitution: "For health is more than the absence of illness; the word health implies something positive, namely physical, mental, and moral fitness. This is the goal to be reached."¹⁰ It was a clear statement of the socio-medical perspective that would later inspire and identify some members of the WHO. The Constitution stipulated a function that would be a matter of discussion for years: The WHO was entrusted with the role to direct and coordinate leaders on international health.

In 1944, the LNHO made a comprehensive study of health conditions in Europe that was turned over to UNRRA. In October 1944, Gautier, US Surgeon General Thomas Parran, Frank Boudreau (an American who had been executive director of the Milbank Foundation and executive secretary of League of Nations Health Organisation), and Rockefeller IHD Associate Director George K. Strode, along with other medical leaders, met and agreed on two principles: the need to build an international health organization for the post-war period and the importance of the United States taking the initiative to convene "as soon as possible" a conference on world health.¹¹ It was out of this conference that the World Health Organization would emerge.

⁶ *Ibid*, at p. 21.

⁷ *Ibid*, at p. 22.

⁸ *Ibid*.

⁹ *Ibid*, at 33.

¹⁰ GAUTIER, CONFIDENTIAL-INTERNATIONAL HEALTH IN THE FUTURE, 1 (1943).

¹¹ *Supra* note 5 at p. 33.

II. Objectives And Function of World Health Organisation

The objective powers and function of any organization or body is derived from a document which is termed as a statute or the constitution, the objectives powers and function of the World Health Organization is derived from its constitution The Constitution of WHO was adopted in a conference known as the International Health Conference which was held in New York from 19 June-22 July 1946, the constitution was signed on 22 July 1946. Total 61 representatives of various countries signed the constitution, and same was entered into force on 7 April 1948.

The aim and the objectives of the organization are fulfilled through the performance of various factions that are enshrined in the Constitution are as follows:

- The WHO should direct and coordinate between the authorities for International Health work
- It is the duty of the organization to construct and promote collaboration with UNO and its various specialized agencies, states health department and ministries, professional group, nongovernmental organizations or any other body that it deems fit
- The WHO should forward the assistance upon request of the said government for the purpose of strengthening the health services.
- In the case of emergencies, the organization must assist and share required technical support and necessary aid to the government upon request or otherwise.
- Health services shall be provided or the assistance in this regard be furthered upon the request of the United Nations Organization to the special groups such as individuals of trust territories.
- Administrative and technical services which shall include epidemiological and statistical services but not limited to these shall be established and maintained by the organization.
- The organization shall perform invigorating, stimulating and advance work and strategies to combat and exterminate the epidemic, endemic, pandemic and any other such diseases
- To avert the accidental injuries the organization shall promote, direct and coordinate with other specialized agencies
- The organization for the purpose of improving and providing the basic facilities of nutrition, sanitation, clean drinking water, housing, economic or working conditions or any other factor of environmental hygiene shall cooperate with the states and specialized agencies.
- For the purpose and contributing to the substantial advancement of the heart the organization shall promote cooperation among scientific and related groups
- The organization is also empowered to propose conventions, regulations, agreements and to advance any recommendation concerning to international health.

III. Role of WHO at the Time of Pandemic

The World Health Organization being an International body of Imminent importance has central and crucial role to play at the outbreak of an epidemic or a disease that might turn into a pandemic the World Health Assembly through its various resolution has entrusted the role and duty upon the WHO to provide the Nation states with all the possible support both technically or otherwise regarding the disease, the resolution 56.19 directs the organization to prevent and control the influenza pandemic and annual epidemics resolution WHA58.5 provides for preparing and

responding to the pandemic influenza various other resolutions also directs the organization to take such other substantial steps at the crucial time. The International Health Regulation 2005 has enforced the duty upon WHO to coordinate with the Nation states across varied actives, WHO shall work for production of pandemic vaccine, the process for rapid containment shall be coordinated and early evaluation of pandemic severity shall be carried out by the organization.

IV. International Health Regulations, 2005

World Health Assembly in 2005¹² adopted a legally binding document which provides for an international legal framework that envisage to avert, control or acknowledge to a risk of public health which might or has a possibility to spread between countries the document is termed as The International Health Regulations (IHR, 2005) this document is binding upon 194 states around the globe.

The regulation imposes the duty upon the state to inform the World Health Organization as soon as possible of the outbreak of a disease or a health problem that has or might affect the public at large. Within twenty-four hours of assessment according to the standards developed by WHO for the said specific purpose that influenza has been detected which has been caused by a new subtype in a human being, these obligation and requirement are enshrined under Annexure-2 of the regulation with the specified guidance. After the state has notified WHO about the influenza the state shall further communicate the organization an elaborated public health data which shall include but not limited to definitions, cases, laboratory test, source of risk, type of risk associated, number of cases reported, number of deaths occurred, conditions that are affecting or may affect the spread of influenza. If the state in which influenza outbreak took place and it thinks that there is no event or notified cases involving a disease or virus which has a pandemic potential, the state shall report the same to WHO so that the information can be communicated to other countries so that they have the knowledge of imported and exported human cases in this regard.

The Regulation has further mandated and authorized WHO to call for and collect the information and report both from official and unofficial sources that reveal the information regarding significant International Public health risk. After the accumulation of the reports the WHO shall screen the reports so obtained and sought verification from the respective country about such data revealed in the report and if the screening provides the ground that the matter can affect International public health and is a case of influenza pandemic states shall revert to WHO within a prescribed time and furnish such relevant information regarding public health.¹³

Even if the potency of the influenza virus or disease is not yet proved must be notified to the organization as per the 2005 regulation if they fall within two assessment criteria, (I) if the impact on public health is serious, (II) if the said event is uncommon and unanticipated (III) if the said risk has a significant potential of spreading internationally (IV) there is a notable risk of International travel or trade restriction

¹² Resolution WHA 58.3 Revision of the International Health Regulations. In: Fifty-eighth World Health Assembly, Geneva (16-25 May, 2005), https://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/A58_2005_REC1-en.pdf.

¹³ PLOTKIN, HARDIMAN, GONZALEZ-MARTIN AND RODIER, INFECTIOUS DISEASE SURVEILLANCE AND THE INTERNATIONAL HEALTH REGULATIONS 2 (2007).

The regulation has also authorized the countries to construct a mechanism for the detection, assessment of the influenza virus, the information can be obtained from the airlines, ships and other transportation vehicle scarring traveller the countries are permitted to several medical or public health interventions following the due process and requirements for example an international traveller in usual circumstances can be examined only after a prior approval has been taken in this regard but in the critical and dire circumstances they could be overlooked but due process and measures must be opted the country is also obliged to look after their basic facilities when they are isolated or quarantined.¹⁴

At the time of International health risk, the WHO should continuously surveillance the public health, support the countries and international responses pertaining to health risk must also be coordinated by WHO. In exceptional circumstances the IHR empowers the Director- General of WHO the power to discover and determine the problem pertaining to public health as an international concern, in such cases the DG of WHO must seek advice from a board of external experts, after such advice he can issue temporary recommendations to the respective states so that the risk of International spread be prevented and reduced and proper distancing from interference with international traffic and commerce be maintained. The temporary recommendation should be given after following the laid procedures in the regulation.¹⁵ The director General is also designated with the duty to make global pandemic phases, while making such phases the provisions of the regulation should be congruous to phases so made and due consultation with affected countries and other organization is taken hold of. One of the major actions that the WHO should take at the time of an emerging pandemic shall be that of selecting the vaccine strain and allocating the time for vaccine production.

Rapid containment of the initial emergence of pandemic influenza is also an effective measure to combat the outbreak, the decision with regard to rapid containment of pandemic influenza shall be taken by the respective government and administration, whereas the WHO shall assist them with the same so that the spread could be prevented and transmission can be delayed of such influenza which might turn into a pandemic such action must be sought just after the initial detection of the influenza virus. Such methods of rapid containment are extraordinary and dynamic actions which helps to prevent the outbreak and an effective control mechanism be considered.

There is already a proper laid down guidance provided by the WHO¹⁶ for containment which provides what and how it should be done and it could serve as a foundation for further operational plans.

If the rapid containment is implemented the national administration and WHO shall timely look into all the relevant factors to determine if there is a presence of compelling evidence that inference about potential pandemic trait of the influenza virus and it can be transmitted from human-to-human and could result in community level outbreak and there are sufficient reasons that the rapid

¹⁴ World Health Organization. International Health Regulations (2005). ISBN 978 92 4 158041 0. Articles 23.32, 37-8 and Annexes 8-9.

¹⁵ World Health Organization. International Health Regulations (2005). ISBN 978 92 4 158041 0. Articles 12, 15, 17-18, 48-49.

¹⁶ WHO Interim planning guidance for rapid containment of the initial emergence of pandemic influenza, WORLD HEALTH ORGANIZATION (Oct. 2007), <https://www.who.int/influenza/resources/documents/RapidContProtOct15.pdf?ua=1>.

containment should not be considered. WHO is also required to be in consistent touch with the respective state and monitor the situation it is also obliged to maintain an agile approach of the situation so developed due to influenza virus.

To aid the states and national authorities an assessment of pandemic severity shall be done by WHO so that it can be clearly identified and planned what amount and level of intervention must be sought for response. But in the initial stages of outbreak it shall not be feasible for WHO to make assessment in the early course of outbreak but it shall serve a major purpose and assist not only the hit country but others too on various grounds such as deciding upon whether they should consider mitigation measures or not, the use of available medicines and vaccines and other medical measures, the health care could be managed properly and continuously, all the queries and information be communicated to the public via media. The pandemic severity can be assessed through health, societal and economic effects, WHO assess the severity primarily on the basis of observable effects on health¹⁷ as the other factors may create a dichotomy in the masses as economic and societal effects may differ from country to country.

V. Role of Multilateralism

Hans Blix, Swedish Diplomat once stated that “International Cooperation, multilateralism is indispensable” and rightly so, in the times of epidemics and pandemics. There is no denying that global issues call for collective effort and the brutal world-wide spread of coronavirus amidst human beings is a global issue that requires multilateralism to respond to COVID-19 effectively. With multilateralism across the world wherein, multiple countries form an alliance with the intention to pursue a common objective, there can be exceptional coordination of measures, global economic strategies as well as sharing of medical research through which we can effectively fight against the pandemic.¹⁸

Having a long history, the concept of multilateralism has defined our world, though it is chiefly connected with the period after World War II. The multilateral agreements led principally by the United States were flourishing after the era of World War II.¹⁹ The outbreak of Covid-19 has in reality tested the multilateral system and the global governance along with the national institutions of governance across the globe.

The World Health Organization’s principal role is to lead, coordinate the world-wide efforts and to furnish support to countries so as to deal with the pandemic. Having said that, wide criticism has followed owing to the approach of WHO in responding to the outbreak of coronavirus. Such being the case, multilateralism has a great significance, however it is to be noted that the present multilateralism requires to be fixed. In order to fight the pandemic and to develop a feasible plan to recover and come back stronger than before, international coordination, cooperation and the

¹⁷ *Human infection with pandemic (H1N1) 2009 virus: updated interim WHO guidance on global surveillance*, WORLD HEALTH ORGANIZATION (Apr. 29, 2009), https://www.who.int/csr/resources/publications/swineflu/interim_guidance/en/.

¹⁸ Zerubabel G. Tefera, Hibaa-Haibado Ismael & Sekou T. Otondi, *Opinion – Multilateralism as Panacea for COVID-19*, E-INTERNATIONAL RELATIONS (Apr. 23, 2020), <https://www.e-ir.info/2020/04/23/opinion-multilateralism-as-panacea-for-covid-19/>.

¹⁹ James Scott, *Multilateralism*, ENCYCLOPEDIA BRITANNICA (Oct. 13, 2015), <https://www.britannica.com/topic/multilateralism>.

aspect of solidarity is much needed which can be acquired with the help of multilateralism.

VI. Pandemic Health Issues

There is a possibility that Pandemics can lead to a sudden rise in morbidity and mortality on a large-scale. It is to be noted that the globe has suffered multiple pandemics such as HIV, H1N1 Swine Flu, to name a few.²⁰ The coronavirus pandemic will probably have short term as well as long term effects on physical and mental health even long after the coronavirus is gone. Owing to the peculiar qualities of the coronavirus pandemic, the effect is probably going to be larger as compared to the disasters before.²¹

Furthermore, Pandemics, apart from the direct health consequences, have proven to cause extreme level of anguish and distress to the humanity leading to serious physical as well as mental health issues. Research has shown that long term-health issues can arise from the brutal coronavirus and the aftermath has the possibility to last for many years. Numerous patients who have recovered from coronavirus have reported health issues such as breathlessness, body pain even several months after being infected with the virus. Not only the respiratory system, are several parts of the body known to be attacked by it.²²

VII. Future of Universal Healthcare

Universal Healthcare involves furnishing of quality medical service to all the citizens. It is a system wherein the public is given access to quality medical service irrespective of the fact whether they have the money to pay or not. It is no secret that the absolute cost of giving quality care can amount to a huge expense for governments.²³ The World Health Organization has prioritized Universal Healthcare.²⁴ One of the two reasons for not achieving Universal Healthcare, apart from the expense, could be the lack of political support and general agreement on the concept of social solidarity.

Presently, every country's system to access healthcare differs around the world. Numerous countries lack centralized funding system and are obligated to pay for Healthcare whereas, some countries such as Rwanda, Canada, United Kingdom etc. have access to Universal Healthcare in some form. However, there is a possibility of compromising on quality of care due to obvious reasons such as less funding obtained by the Government. Various countries including France have adopted a hybrid, multipayer, Healthcare system so as to avoid compromising on quality of care. Nearly all the developed countries have made a commitment to Universal Healthcare except for

²⁰ NITA MADHAV, ET AL., *DISEASE CONTROL PRIORITIES: IMPROVING HEALTH AND REDUCING POVERTY* (3d. ed.).

²¹ PTI, *Coronavirus pandemic may cause long-term health problems: Study*, ECONOMIC TIMES (May 22, 2020, 07:24 AM), <https://health.economictimes.indiatimes.com/news/industry/coronavirus-pandemic-may-cause-long-term-health-problems-study/75880916>.

²² Lisa Du, *Virus Survivors Could Suffer Severe Health Effects for Years, Prognosis*, BLOOMBERG (May 13, 2020, 02:30 AM), <https://www.bloomberg.com/news/articles/2020-05-12/covid-19-s-health-effects-can-last-long-after-virus-is-gone>.

²³ Kimberly Amadeo, *Universal Health Care in Different Countries, Pros and Cons of Each*, THE BALANCE (Mar. 13, 2020), <https://www.thebalance.com/universal-health-care-4156211>.

²⁴ *Universal health coverage*, WORLD HEALTH ORGANIZATION, https://www.who.int/healthsystems/universal_health_coverage/en/.

the United States. There is a lot of complexity involved in setting up a Universal Healthcare system but it could be possible. Given the world-wide state of Universal Healthcare, there is a possibility of a proper Universal Healthcare in different forms in the future but with sheer amount of cooperation, consensus in the society, political support, government support, collective commitment and above all with appropriate funding. Furthermore, the governments have to play a massive role in committing to Universal healthcare.²⁵

VIII. Scope of Protectionism

Protectionism is the government's strategy to limit imports of other countries with an intention to provide help to domestic industries. The restriction is not only for the purpose of benefitting the domestic economy but it may even be the consequence of safety or quality issues.²⁶ The disadvantages of international integration at large-scale has been highlighted by the coronavirus crisis. Businesses have now become more aware of the risk of depending upon complicated world-wide supply chains. In the wake of Covid-19, many governments have Imposed export restrictions, travel bans and even incorporated additional visa requirements. As a result of the above mentioned, the economies are being made more national and as to politics, more nationalistic. The impact of this global crisis is expected to last for long.²⁷

IX. Response of WHO²⁸

It all started with the information of Pneumonia of unknown cause to the WHO (World Health organization) China office on the last day of 2019. The detection of the virus took place in the city of Wuhan, China. As per the authorities, some of the patients were found to be vendors or dealers in the seafood market which eventually led to the shutdown of the same. Within few days, WHO declared that it would operate over its three levels i.e. central office, regional office and HQ in order to keep an eye on the matter and also provide information as it comes up. By that time, investigations were in progress in order to find the cause of this sickness.

WHO published a report and afterwards, the virus was named as novel coronavirus. On 10th January, 2020, the World Health Organization unveiled its first guidance on the same and a tool was released for nations to monitor their capability to identify as well as deal with the virus. Cases started to come up in other countries other than China. Thereafter, WHO paid a field visit on 21st January, 2020 to China. An Emergency Committee was organized by the Director General of WHO with the intention of considering the coronavirus outbreak in China and reported cases in some of the other countries. China leaders and WHO set up a meeting to talk about the outbreak of coronavirus, containment of the disease in Wuhan along with the gravity and transmissibility of the disease. Both the parties came to an agreement that international experts will be sent by WHO

²⁵ Dylan Scott, *9 things Americans need to learn from the rest of the world's health care systems*, VOX (Jan. 29, 2020, 08:30 AM), <https://www.vox.com/health-care/2020/1/29/21075388/medicare-for-all-what-countries-have-universal-health-care>.

²⁶ Jim Chappelow, *Protectionism*, INVESTOPEDIA (Aug. 22, 2019), <https://www.investopedia.com/terms/p/protectionism.asp>.

²⁷ Philippe Legrain, *The Coronavirus Is Killing Globalization as We Know It*, FOREIGN POLICY (Mar. 12, 2020, 01:31 PM), <https://foreignpolicy.com/2020/03/12/coronavirus-killing-globalization-nationalism-protectionism-trump/>.

²⁸ WHO, *China leaders discuss next steps in battle against coronavirus outbreak* (May 25, 2020), <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

to visit China at the earliest possible date with an objective to work with Chinese colleagues. The aim of it was to further understand the outbreak in order to direct the global response endeavours.

On 30th January, 2020, the outbreak of the coronavirus was announced as a Public Health Emergency that is of international concern by WHO and the same day, India reported its first case of coronavirus in Kerala. To help provide protection to vulnerable countries from the coronavirus outbreak, the Global community demanded US\$675 million. After a couple days, the novel coronavirus disease was officially named COVID-19.

On 12th February, 2020, the WHO-led Crisis Management Team (CMT) was activated by the UN. At the Munich Conference, the Director- General of WHO called for solidarity and spoke against stigma and hate. On 17th February, 2020, in the wake of outbreak of the extremely contagious virus, guidance was released on mass gathering and handling sick travellers by WHO. Personal protective equipment was sent by WHO to about 21 countries. Following the several days, WHO issued a warning that the window of opportunity to stop the spread of the virus was narrowing. In addition, it was pointed out that the international community needed to take action without delay. Furthermore, appointment of six special envoys on coronavirus took place. On February 23rd, 2020 Europe encountered a serious outbreak owing to the increase in cases in Italy. Experts from WHO and the European Centre for Disease Prevention and Control (ECDC) visited Italy.

Findings and recommendations of WHO- China Joint mission were shared. The mission involved 25 International and Chinese experts who visited multiple provinces. In addition, few of them went to Wuhan which was the epicentre of the outbreak of the highly contagious virus. Guidance in relation to COVID-19 for employers and businesses was issued. On 28th February, 2020, during the daily (COVID-19) press briefing, it was stated by the Director General of WHO that over 20 vaccines are in progress around the world. Moreover, he said that numerous therapeutics were under clinical testing. About US\$15 million was released by UN to WHO and UNICEF on account of COVID-19 response. Mission of WHO specialists showed up in Iran, together with medical supplies, protective equipments as well as laboratory kits. Shipment of about half a million sets of personal protective equipments by WHO to 47 nations. However, the global supply was quickly depleting. On 5th March, WHO released a social media campaign known as Be Ready for COVID-19 that persuades individuals to be safe, smart and kind. The very next day, R&D blueprint draft was published by the World Health Organization wherein, the research priorities in 9 crucial areas were outlined.

Interim guidance was issued on February 8th, 2020 regarding preparedness, readiness and response actions for four separate transmission scenarios. With the intention to help individuals deal with stigma, fear and discrimination while COVID-19, guidance was furnished by WHO. Another guidance was issued for schools with IFRC and UNICEF.

Ultimately, on 11th March, 2020, the extremely-contagious virus named as COVID-19 was characterized as a pandemic and on 13th March, 2020, a COVID-19 solidarity response fund with an aim to raise money to provide support to the work of the World Health Organization was launched by WHO, UN Foundation and partners. The very same day, #SafeHands challenge was launched for the sake of encouraging the power of clean hands to combat COVID-19.

Looking at the rise in the number of cases in South-East Asia Region, WHO called for dire and combative measures to tackle coronavirus. An international clinical trial was introduced by WHO and partners, with an aim to produce information that is robust and from across the globe to look for the most effectual treatments for coronavirus. It was termed as a solidarity trial. On 19th March, 2020, Secretary- General of UN, Antonio Guterres urged the global leaders to unite their efforts and subsequently propose an immediate as well as coordinated world-wide response. On 20th March, 2020, WHO launched a messaging service (WHO health alert) on WhatsApp wherein, crucial details would be furnished to millions of individuals over their mobile phones.

The G20 leaders were asked by the Director General of WHO to fight, unite and ignite against coronavirus while addressing the Extraordinary Summit on coronavirus. WHO also launched a free of cost messaging and calling app and the subscribers will get up-to-date information and news from WHO directly. In Iraq, WHO helped to increase the availability of laboratory supplies for COVID-19. About 133 countries were furnished with vital supplies. Launching of new equipments took place on 8th April, 2020, to provide assistance to hospitals in dealing with the rise in coronavirus patients.

All the UN agencies were made to come together by the Secretary-General for the sake of making a contribution to the Supply Chain Task Force and the emphasis was on drastic ramp-up of the supply of life-saving equipments as well as equalling supply with needs. To accelerate the development of a vaccine against coronavirus, an expert group was formed to work jointly and the in charge of coordinating was WHO. All the African nations were provided with substantial relief such as medical supplies.

On 19th April, a joint UN call was made by WHO to finance the global emergency logistics system. WHO collaborated with WTO on settling disruption to world-wide supply chains. Global leaders came together with an aim to make sure unbiased access to new tests, vaccines and treatments for coronavirus. Parliamentarians were addressed by WHO on coronavirus pandemic. WHO's new partnership was declared with European Investment Bank (EBI) on 1st May, 2020. On 4th May, 2020 while responding to a journalist's query, Principal Legal Officer of WHO stated that there was no warning from Taiwan on 31st December, 2019. On that day, WHO received a mail from them wherein, they were making the request to obtain more information on atypical pneumonia cases, as stated by news sources.

Several guidelines were issued by WHO in relation to schools, workplace, contract tracing, surveillance strategies for coronavirus human infection etc. Chiefly, with the aim to better the health services for refugees, stateless and displaced individuals, a new agreement was signed by WHO with the UN Refugee Agency. Numerous campaigns were initiated, missions were conducted and supports to several countries were provided in multiple ways. Various guidance was released, advices offered by WHO. Furthermore, plenty of efforts were made in order to avoid misinformation and spread accurate information.

X. Allegations on WHO's Response

In its entire history of the World Health Organization, its contribution towards the global battle is to combat several infectious diseases. However, in the time of coronavirus, questions are being

raised on the response of the World Health Organization. About 58 nations including India, are having their doubts regarding WHO's coronavirus response. A draft resolution has been floated wherein they are urging for assessment of the response of WHO over the pandemic caused by a highly-contagious virus, named COVID-19. The draft resolution that is brought forth by the European Union on world-wide coronavirus response is to be laid at the World Health Assembly on 25th May, 2020. Furthermore, the draft also mentions about the evaluation of the timelines with regard to the recommendations made by the WHO in relation to the improvement of the global pandemic prevention, response capacity and preparedness.²⁹

The WHO has been accused of delay in the declaration of global health emergency. Furthermore, it has been said that the organisation was not in support of nations for enforcing travel restrictions to China until February, 2020, as per Health Policy Watch. Donald Trump, President of the United States, in his tweet on 7th April, clearly accused the global health body i.e. WHO to be "China-centric".³⁰ It isn't only US throwing criticism at WHO and labelling the organization as "China-centric" for its COVID-19 response.³¹ The WHO has been also called a "puppet" of the China by the President of the United States and in addition, he has also commented upon the failure of the organization to hold Beijing to account. Most importantly, the funding for the organization has been suspended by the US and it is to be noted that the nation is the largest donor.³² A question asked in the editorial published in 'Wall Street Journal' in April 2020 accused WHO regarding information revealed by the organization stated that the risk of coronavirus becoming a pandemic is minimized and explicitly covered up China's failure to handle the problem. The information was censored by the authorities regarding the sequencing of the coronavirus genome by the Chinese laboratory at the end of December 2019. Moreover the organization waited till 30 January to understand and declare the outbreak a concern of public health emergency at International level and the battle was lost when the epidemic was not proclaimed as a pandemic till 11 March 2020.

In a research conducted by University of Southampton titled 'Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak in China', which was financially supported by Horizon 2020 program, found that if the actions were forwarded to curtail and stop the outbreak one, two or three weeks before the numbers would have been different and the study found that the cases could have been 66%, 86% or 95% less and a great harm could have been prevented.

XI. Critical Analysis

Global credibility of the World Health Organization is being seriously suspected. The WHO's response towards the coronavirus pandemic has specifically come on the radar of several countries and its leadership, under unusual scrutiny for seemingly favouring China. On the one hand, officials of China themselves acknowledged some of their errors and on the other, the global health

²⁹ IANS, *India among 58 nations questioning WHO on COVID-19 response*, NATIONAL HERALD (May 18, 2020, 07:59 AM), <https://www.nationalheraldindia.com/india/india-among-58-nations-questioning-who-on-covid-19-response>.

³⁰ Stephen Buranyi, *The WHO v coronavirus: why it can't handle the pandemic*, THE GUARDIAN (Apr. 10, 2020, 06:00 AM), <https://www.theguardian.com/news/2020/apr/10/world-health-organization-who-v-coronavirus-why-it-cant-handle-pandemic>.

³¹ *Supra* note 29.

³² *Coronavirus: World Health Organization members agree response probe*, BBC (May 19, 2020), <https://www.bbc.com/news/world-52726017>.

body were busy praising the effectiveness of the nation's system as well as the COVID-19 response. The organization's Director-General, Tedros Adhanom Ghebreyesus, showered praises and commended China and its President upon his return from Beijing, capital of China.³³ It somehow developed a perception of security amongst the people and that probably led to the rapid spread of the contagious virus. Moreover, it needs to be noted that the government of the China concealed the outbreak of the brutal coronavirus for almost a month in the city of Wuhan, the epicentre of the outbreak, leading to worldwide and an expeditious spread of the virus.

Even though they were aware of the human-to human transmission practically at an early stage owing to the infection of medical staff, this information wasn't conveyed to the public for weeks, again contributing to the global spread of the virus.³⁴ Despite the aforementioned facts, China was praised of showing seriousness as well as being committed to transparency by the World Health Organization,³⁵ clearly showing the aspect of mendacity in their applaud.

During the time of outbreak of an infectious disease, the primary apparatus that has been introduced to regulate the role and the responsibilities of the World Health Organization is the International Health Regulations, 2005. As per the regulation, the WHO is required to monitor, evaluate the risk and set up a coordinated response but to some extent, the organization failed in evaluating the risk appropriately. The aforementioned subject does call for a factual and genuine inquiry as China is also being accused of deceiving the global health body. In the beginning, WHO was being reluctant in announcing "public health emergency of international concern". Most importantly, the coronavirus pandemic was declared a pandemic on 11th March, 2020, despite being aware of the fact that the brutal coronavirus had spread world-wide weeks before.

Therefore, it can be said that for some reason, there was failure on the part of the organization to figure out the actual position on the ground. One could clearly argue that the WHO to some extent mishandled the coronavirus situation and placing China and its response towards coronavirus in a positive light weren't the organization's best decisions.

XII. Conclusion

It was defunded that the WHO have failed to address the concern in several aspect and a transparent approach was not adopted to combat the virus. Many Asian and African countries are largely dependent upon the organization for medical facilitation and supplies but it is true that at the time of pandemic the WHO leadership has failed the world in several ways. The time has envisaged a thought in several States to determine the Independence of such International organizations and

³³ Emily Rauhala, *Chinese officials note serious problems in coronavirus response. The World Health Organization keeps praising them*, THE WASHINGTON POST (Feb. 9, 2020, 06:23 AM), https://www.washingtonpost.com/world/asia_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1_story.html

³⁴ Frances Eve, *China's reaction to the coronavirus outbreak violates human rights*, THE GUARDIAN (Feb. 2, 2020, 12:32PM), <https://www.theguardian.com/world/2020/feb/02/chinas-reaction-to-the-coronavirus-outbreak-violates-human-rights>.

³⁵ WHO, *China leaders discuss next steps in battle against coronavirus outbreak*, (Jan. 28, 2020), <https://www.who.int/news-room/detail/28-01-2020-who-china-leaders-discuss-next-steps-in-battle-against-coronavirus-outbreak>.

make is possible that from nowhere the whims of the state that is funding or having a influence in choosing it leader may affect its indolence and impartiality because e if such traits are present that defeats the very purpose of such organizations. A correct diagnosis of the health problem needs to be conducted by WHO. But one failure of the organization cannot ruins the efforts and tasks performed by the organization on various timelines the organization did its tasks fully and properly a similar nature could have been adopted for COVID-19 and warning and reports be shared with the world in time so that the states can establish an effective and efficient framework and set of policies that can be deployed at the time of emergencies and the risk could be minimized the organization should play a significant position across the planet and assist the states in the same.

An investigation and proposed plans must be developed for the shortcomings that have engulfed the transparency, Independence and accountability of an international organization. The Who have a great team of altruistic and committed workers who work tirelessly in providing health care services in more than 194 countries and greatly and successfully lead fight against several diseases including polio and Ebola. The present outcomes envisage a need to restructure the organization and at all possible times be led by the health professionals who have the latitude to be independent and means to resist and overcome any pressure and the organization must demonstrate strong spine of International health system which is committed and unflinching so that the world can effectively fight with such problems in future.