

Great Decisions

The World Health Organization's Response to COVID-19

Senior Scholars Queens

January 29, 2021

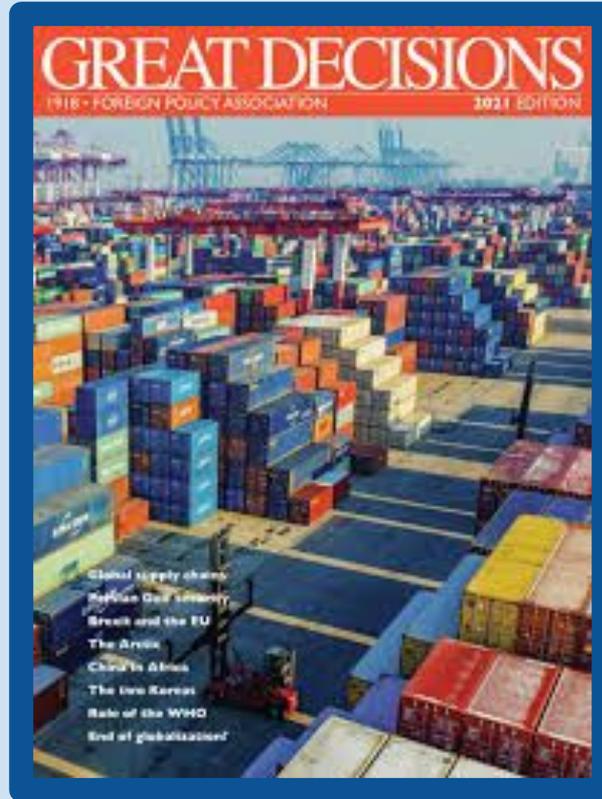


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Re-capping a few key dates and decisions

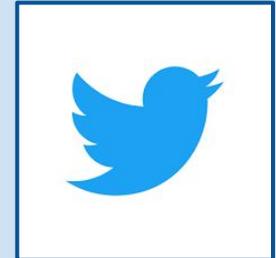
December 31, 2019- WHO's Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission from their website on cases of 'viral pneumonia' in Wuhan.

January 9, 2020 - WHO reported that Chinese authorities have determined that the outbreak is caused by a novel coronavirus.

January 10-12, 2020 - WHO published a comprehensive package of guidance documents for countries, covering topics related to the management of an outbreak of a new disease

January 11, 2020 - WHO tweeted that it had received the genetic sequences for the novel coronavirus from the People's Republic of China and expected these to soon be made publicly available.

Chinese media reported the first death from the novel coronavirus.



January 14 - WHO held a press briefing during which it stated that, based on experience with respiratory pathogens, the potential for human-to-human transmission in the 41 confirmed cases in the People's Republic of China existed: "it is certainly possible that there is limited human-to-human transmission".

WHO tweeted that preliminary investigations by the Chinese authorities had found "no clear evidence of human-to-human transmission". In its risk assessment, WHO said additional investigation was "needed to ascertain the presence of human-to-human transmission, modes of transmission, common source of exposure and the presence of asymptomatic or mildly symptomatic cases that are undetected".



January 19 - The WHO Western Pacific Regional Office (WHO/WPRO) tweeted that, according to the latest information received and WHO analysis, there was evidence of limited human-to-human transmission.

January 20-21 - WHO conducted the first mission to Wuhan and met with public health officials to learn about the response to the cluster of cases of novel coronavirus.

January 22 - The WHO mission to Wuhan issued a statement saying that evidence suggested human-to-human transmission in Wuhan but that more investigation was needed to understand the full extent of transmission.





**CORONAVIRUS
IN THE U.S.** SOURCE: CDC

- **Male patient
in his 30s**
- **Returned from China
Jan. 15**

CBSN Source: CDC

January 21 - February 23 - Public health agencies detected 14 U.S. cases of coronavirus disease 2019 (COVID-19), all related to travel from China. The first nontravel-related U.S. case was confirmed on February 26 in a California resident who had become ill on February 13. Two days later, on February 28, a second nontravel-related case was confirmed in the state of Washington.

What makes a PHEIC?

(Public Health Emergencies of International Concern)

- ✓ The virus is a public health risk to other states through the international spread
- ✓ It could require a coordinated international response
- ✓ The situation is serious, unusual or unexpected
- ✓ The decision to declare a PHEIC is made by the WHO's director-general and a committee of experts

Source: The World Health Organization

January 27-28 - A senior WHO delegation led by the Director-General arrived in Beijing to meet Chinese leaders, learn more about the response in the People's Republic of China, and to offer technical assistance. The Director-General met with President Xi Jinping on 28 January, and discussed continued collaboration on containment measures in Wuhan, public health measures in other cities and provinces, conducting further studies on the severity and transmissibility of the virus, continuing to share data, and a request for China to share biological material with WHO. They agreed that an international team of leading scientists should travel to China to better understand the context, the overall response, and exchange information and experience.

January 30 - The Director-General declared the novel coronavirus outbreak a **public health emergency of international concern (PHEIC)**, WHO's highest level of alarm.

January 31 - The U.S. imposes a nationwide travel ban only for non-U.S. citizens who had been in China within the last 14 days and who were not the immediate family member of U.S. citizens or/and permanent residents.

March 11 - WHO made the assessment that COVID-19 could be characterized as a pandemic.

March 15 - The Centers for Disease Control and Prevention (CDC) advised no gatherings of 50 or more people in the US. over the next eight weeks. The recommendation included weddings, festivals, parades, concerts, sporting events and conferences. The following day, President Trump advised citizens to avoid groups of more than 10. New York City's public schools system, the nation's largest with 1.1 million students, announced that it would close.

July 7 - President Trump notified the United Nations of his intent to withdraw the U.S. from the WHO.





January 15, 2021 - Effective January 26, CDC requires all air passengers entering the U.S. (including U.S. citizens and Legal Permanent Residents) to present a negative COVID-19 test, taken within three calendar days of departure, or proof of recovery from the virus within the last 90 days. Airlines must confirm the negative test result or proof of recent recovery for all passengers prior to boarding. Airlines must deny boarding of passengers who do not provide documentation of a negative test or recovery.

As of January 21, 2021, only 26 countries are open to U.S. visitors.

January 25 - The U.S. announces a ban, starting January 30, on most non-U.S. citizens entering the country who have recently been in South Africa.

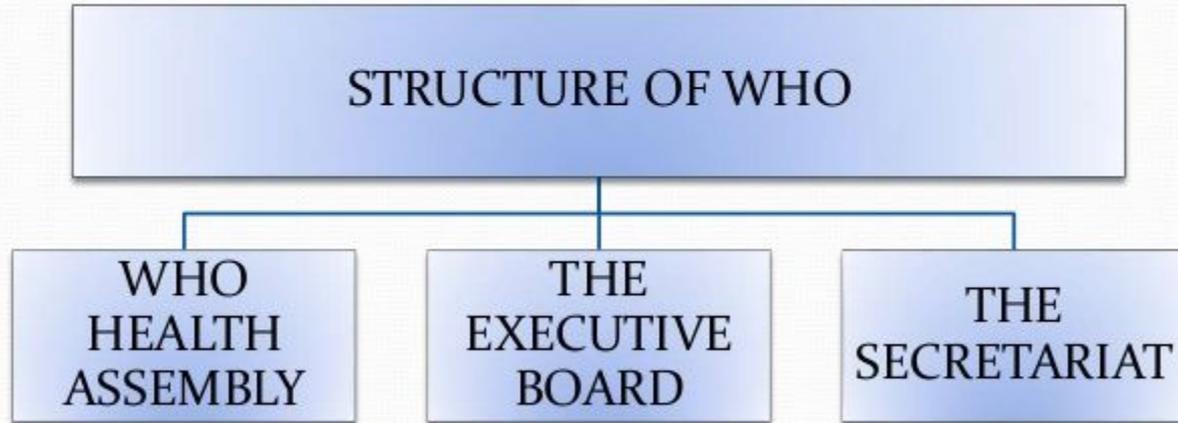
How Did We Get Here?

Three Key Questions

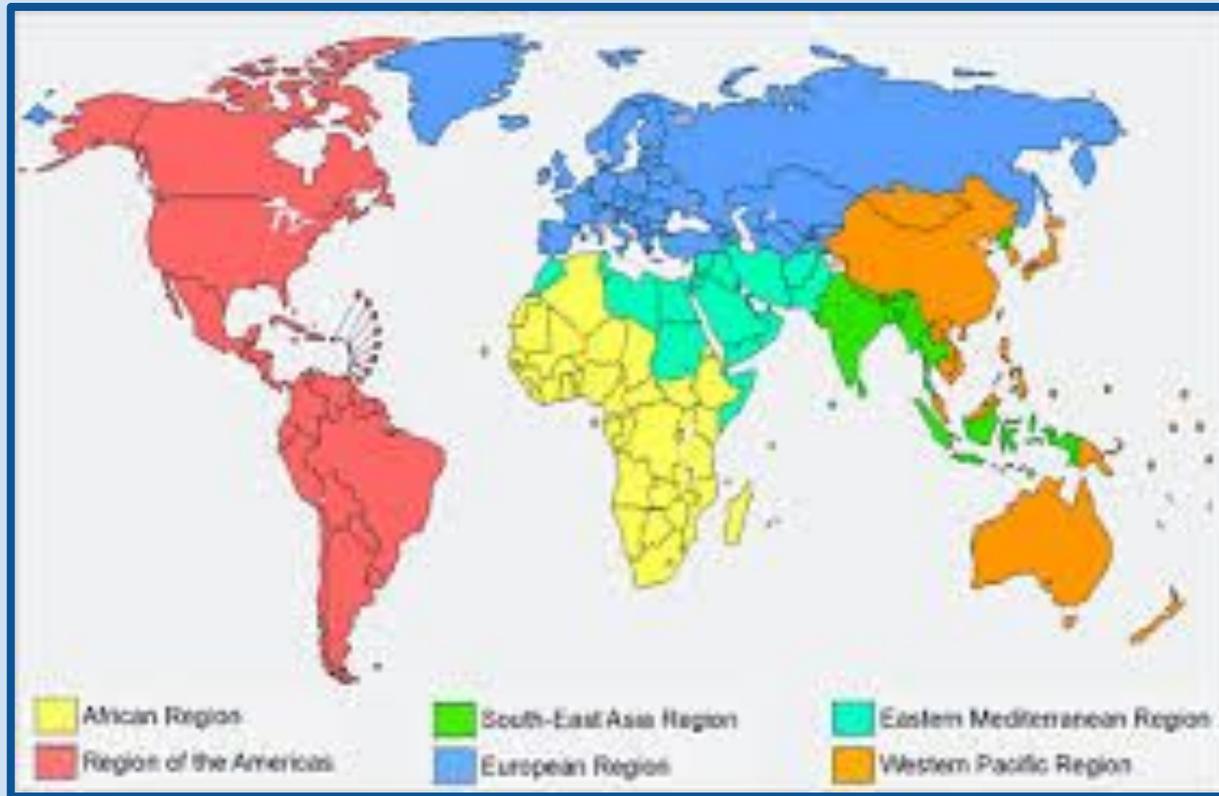
1. How does the WHO work, and what role is it supposed to play in pandemic responses?
2. What is WHO doing well, and what could/should it be doing differently?
3. Where do we go from here?

“Placing blame is a political exercise, but understanding what went right, what went wrong, and how we do better is a necessity for policymakers.” - Mara Pillinger

STRUCTURAL ORGANIZATION OF WHO



World Health Organization - Regional Offices



WHO's Constitutional Mandate

“The attainment by all peoples of the highest possible level of health.”

22 specific functions broken down into four roles.

1. Global hub of scientific and technical expertise
2. Normative agency, setting goals and agendas
 - Secretariat may propose and implement, *subject to WHA approval*
3. Chief convening and coordinating authority in global health
4. Political venue, where Member States advance their interests

“Follow the money...” or lack of it

WHO's FY 2020-21 budget = \$2.4 billion

- CDC in FY 2019 = \$12.1 billion for programs in the U.S., 8 territories, and 83 countries.

Assessed contributions (aka, “dues”) to WHO from Member States - 20% of revenue

Voluntary contributions from governments and non-governmental donors, such as the Bill and Melinda Gates Foundation - 80% of revenue

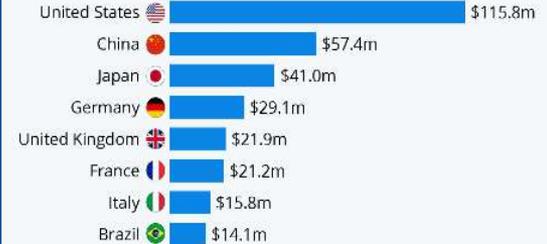
- Mostly restricted funding

65% of WHO funding comes from 15 donors



The Biggest Financial Contributors To The WHO

Assessed contributions to the World Health Organization for 2020 (as of March 31, 2020)*



CHF conversion rate at time of billing

* Assessed contributions are paid for membership and are calculated relative to the country's wealth and population. WHO also accepts voluntary supplementary assessed contributions.

Source: World Health Organization



statista



Dr Tedros Adhanom Ghebreyesus
WHO Director-General

WHO staff are obliged “to walk uncomfortably along many fine lines: analyzing but never auditing; advising but never directing; participating but never interfering; guiding but never governing; leading but never advocating; evaluating but never judging... [all the while working] under the excessively limiting conditions that Member States impose.”

Hoffman, Steven and Røttingen, John-Arne, Correspondence: Global Health Governance after 2015 (September 21, 2013). *The Lancet*, September 2013, Vol. 382, Available at SSRN: <https://ssrn.com/abstract=2726336>

International Health Regulations (IHR) Treaty

- Until SARS outbreak in 2003, IHR required government to report cases of only three specific diseases: cholera, plague, yellow fever.
- SARS led to “naming and shaming” campaign, going public with information received from nongovernmental sources, and publicly pressuring and criticizing China
- IHR revised in 2005
 - Granted WHO new authorities, but also erected strong, sovereignty-protecting guardrails, limiting exercises of new authorities
 - Empowers WHO to declare a Public Health of International Concern (PHEIC)

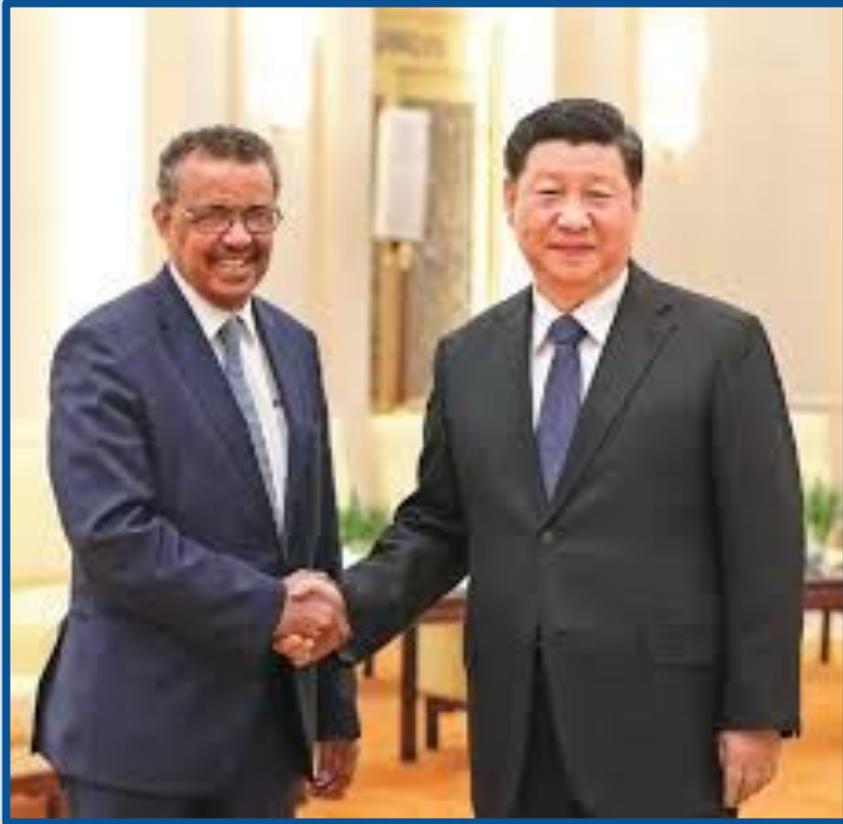
“What has WHO done well and what could it have done differently?”

China shared the virus’s genome with WHO on the same day Chinese scientists published it in a scientific journal. Later it was revealed that China had delayed sharing the genome and also had known weeks before that the outbreak was caused by a coronavirus

WHO convened on January 22, 2020 the Emergency Committee to advise the Director-General as to whether or not to declare a PHEIC. It deliberated two days but was split, agreeing the situation was urgent, but information too limited and the number of cases outside China too few.

- It recommended *against* declaring a PHEIC, and agreed to reconvene in 10 days, or earlier if necessary.
- On the same day, China imposed a shutdown in Wuhan and its 11 million people; the cordon sanitaire eventually encompassed 60 million people

After the Director-General’s trip to China, he reconvened the Emergency Committee on January 29, and declared a PHEIC on January 30.



Director-General Tedros Adhanom
Ghebreyesus and Premier Xi Jinping
January 28, 2020

“The speed with which China detected the outbreak, isolated the virus, sequenced the genome and shared it with WHO and the world are very impressive, and beyond words. So is China’s commitment to transparency and to supporting other countries.”

DG Ghebreyesus

What is WHO doing?

Information
Sharing and
Technical
Guidance

Research and
Development

Capacity
Building and
Fundraising for
Global Response

Equitable
Distribution for
Diagnostics,
Therapeutics,
and Vaccines



The vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator for the development, production, and equitable access to COVID-19 tests, treatments, and vaccines for every country in the world.

Co-led by WHO, GAVI (Global Alliance for Vaccines and Immunizations), and CEPI (Coalition for Epidemic Preparedness Innovations)

Initiatives for Reform

Independent Panel for Pandemic Preparedness and Response: “The COVID-19 pandemic must be a catalyst for fundamental and systemic change in preparedness for future such events, from the local community right through to the highest international levels. Institutions across the policy spectrum, not just in health, must be part of effective pandemic preparedness and response.” - Report to WHO Executive Board, January 19, 2021

Franco-German non-paper (aka, discussion paper): “COVID-19 has to be used as an opportunity to strengthen WHO’s abilities to fully act as the leading and coordinating authority in global health. Long-term strengthening of WHO overall is key in order to strengthen its role and responsibilities in pandemic preparedness and response.”

Changes to IHR

- binary construct of PHEIC
- Lack of investigative and enforcement authority
- Underfunding of Contingency Fund for Emergency, established after 2014 outbreak of Ebola
- Lack of transparency in PHEIC decision-making process

WHO Secretariat staff and external experts are technical experts, yet their decisions are inherently political, with far-reaching economic, social, diplomatic, and legal implications.



A Sample Few of MANY Additional Resources

[Mecklenberg County Information on COVID-19](#)

[COVID-19 North Carolina Dashboard](#)

[World Health Organization](#) and its [timeline](#)

[Centers for Disease Control and Prevention \(CDC\)](#)

[Center for Strategic and International Studies \(CSIS\) - COVID-19](#)

[Johns Hopkins University Coronavirus Resource Center](#)

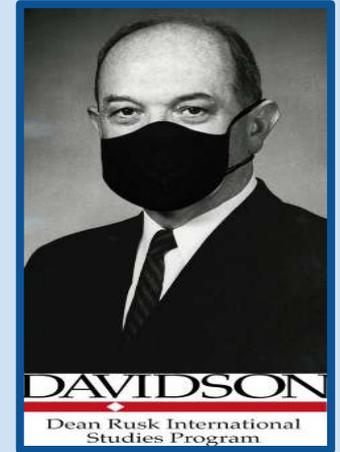
[DEVEX COVID-19](#)

[New York Times tracker and database](#)

[The Atlantic](#)



Thank You! and Discussion Questions



Now that the U.S. is remaining in the WHO, what changes would be most important to implement first?

What do you think of the French-German ideas to reform the WHO? What might be added or removed?

Should the main function of the WHO be to prevent any future global outbreaks like COVID-19? Or prevention?