

What the World Health Organization Must Do to Earn Back U.S. Support

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KEY TAKEAWAYS

In a pandemic, a global health organization that is overly deferential to one nation and incapable of being an honest broker costs the very lives it exists to save.

While China deserves primary blame for the devastation of COVID-19, the WHO also played a key role by failing to alert the world to Beijing's lack of transparency.

The WHO's failures cannot be allowed to recur. Without change, it will fail again. It must implement reforms if it wants to restore confidence and earn U.S. support.

In a global pandemic, an impartial, science-oriented, competently led, transnational health organization is vital. There is no better way to prevent or detect, and to coordinate a global response to, infectious diseases that have pandemic potential. Hundreds of thousands, maybe millions, of lives depend on it. Conversely, an organization of this kind that is overly deferential to one nation and incapable of being an honest broker, costs the very lives it exists to save. That is why President Donald Trump sent a letter to the United Nations Secretary-General notifying him of the intent of the U.S. to withdraw from the World Health Organization (WHO),¹ and why, with the right reforms, the WHO can lead the U.S. to reverse that decision.

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Clear Failings

Starting in December 2019, perhaps earlier, people began showing up in hospitals in Wuhan, China, with pneumonia-like symptoms that did not respond to standard treatment. Genetic sequencing revealed a new coronavirus similar to the virus that causes severe acute respiratory syndrome (SARS) that had arisen in China in 2003. The new virus causes COVID-19, which has infected over 18 million people around the world, causing over 700,000 deaths as of August 5, 2020.

SARS was largely contained to East Asia, but was exacerbated by China's lack of cooperation and transparency, including censoring doctors and withholding information from the WHO and the international community. This experience led the World Health Assembly, the governing body of the WHO, to update and strengthen the International Health Regulations (IHRs) in 2005. Under the legally binding IHRs, "countries have agreed to build their capacities to detect, assess and report public health events."²

As with the SARS outbreak, China failed to act in a transparent and cooperative manner with the WHO and the international community. Specifically, Beijing downplayed the seriousness of COVID-19, failed to share critical information on human transmission in a timely fashion, suppressed efforts by doctors in China to share samples and genetic information, impeded WHO efforts to send infectious disease experts to Wuhan in the early stages, and permitted Chinese citizens to travel from Wuhan on international flights even after clamping down on domestic travel.³

Despite the previous experience with SARS and early evidence of obfuscation by Beijing, WHO Director-General Tedros Adhanom Ghebreyesus echoed Chinese representations of the nature of the threat from COVID-19. Most notoriously, the WHO tweeted on January 14: "Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel #coronavirus."⁴ This statement, which simply parroted Chinese assertions, lent WHO credibility to the Chinese regime.

Tedros also failed to raise public concern over Beijing's unwillingness to allow a WHO technical team to visit Wuhan in January, and over Beijing's refusal to share critical multigeneration virus samples. Indeed, even as internal frustration at the WHO mounted over Beijing's lack of transparency and cooperation, the Director-General praised China repeatedly out of fear that criticism could further undermine Beijing's limited cooperation.⁵

Recently, the WHO has changed its timeline on COVID-19 to clarify that the organization first found out about the disease from online sources, not the Chinese government, as previously claimed.⁶

While China deserves primary blame for the devastation wrought by COVID-19, the WHO also played a key role by failing to alert the international community about Beijing's lack of transparency and cooperation. Governments have entrusted the WHO with serving as an early warning system for pandemics, and understandably assumed the organization's assurances represented an honest, science-based assessment of the situation. Due to the WHO's failure to confront Beijing and alert governments about China's obfuscation, the international community lost valuable time for containing COVID-19 and limiting its damage.

Healing the WHO

The failing of the WHO during the COVID-19 outbreak cannot be allowed to recur. Without key changes, the WHO will fail the world, especially the neediest, once again. It is up to the member states of the WHO to guarantee that necessary reforms are implemented. Following are eight steps that the organization must take to regain credibility, reassure member states of its reliability, and persuade Washington to rejoin. WHO leadership must:

- **Determine what went wrong through a timely and impartial investigation.** In accordance with the resolution passed by the World Health Assembly this May, the WHO must complete an “impartial, independent and comprehensive evaluation” of the “WHO-coordinated international health response to COVID-19.”⁷ The resolution also called for an effort to identify “the zoonotic source of the virus and the route of introduction to the human population.” An impartial and thorough investigation of the origins of the disease and the WHO response is necessary to restore confidence and should not be put off until after the disease runs its course.
- **Strengthen the IHRs to make clear that member states must meet explicit standards.** The member states of the WHO drafted and agreed to adhere to the IHRs in the wake of the outbreak of SARS. As with COVID-19, China did not act in a timely or transparent manner during the SARS outbreak, and the IHRs were developed to set standards to report and alert the WHO about newly emerging diseases. Although binding, China did not adhere to the IHRs, and faced no

consequences because there is no consequence for non-compliance. In addition, the IHRs do not mandate key standards that would have forewarned and better equipped the international community in dealing with COVID-19. Such standards include timely reporting of all relevant health findings to the WHO and the international community, immediate sharing of disease samples, and granting immediate access to WHO technical teams to outbreak areas upon request. These are *de minimis* obligations, and members who fail to meet them must face consequences.

- **Require the WHO to publicly report on member-state implementation of, and compliance with, the IHRs.** According to the Centers for Disease Control and Prevention, “As part of their commitment to the IHR, participating countries agreed to comply with these rules by 2012.... By 2014, only about 1/3 of participating countries (64 countries) reported fully achieving the core capacities.”⁸ After the 2014 Ebola outbreak, the United Nations’ post-Ebola review recommended “on a rotating basis, each country is subject to a periodic review, with all States Parties to the IHR reviewed over a four-year period.”⁹ This never happened—a failure that underscores the structural weaknesses of the WHO. The COVID-19 outbreak only renders more urgent the need for implementing the periodic review and compulsory WHO reporting on follow-up and compliance.
- **Make the Health Emergency Program, which is at the heart of the WHO’s pandemic response, independent and insulated from political pressure.** This can be done by separating it from the WHO bureaucracy, providing dedicated funding, and having it report directly to the WHO’s executive board. Some will not like this, and see it as a circumvention of the WHO Director-General. That need not be so; a competent and transparent Director-General will welcome additional checks and balances, understanding that the goal is not bureaucratic power, but public health around the world.
- **Improve the process for declaring a public health emergency of international concern (PHEIC).** The mechanism for declaring a PHEIC is now subject to political pressure. In both the 2014 Ebola outbreak and the COVID-19 pandemic, these declarations were delayed due to pressure from the countries most immediately affected, which feared the consequences of such a declaration. This should be a

rules-driven process, insulated from such pressure. Moreover, the current mechanism is like a light switch: Emergencies are either declared, or not declared. There should be gradations to alert the international community to warning signs of a major public health emergency short of a full declaration.

- **Delink travel and trade restrictions.** The WHO has historically linked travel and trade restrictions, which has created a reluctance to approve travel restrictions out of concern for economic harm. They should be delinked. The organization's reluctance to endorse travel restrictions, as well as its confusing guidance regarding the wisdom of those restrictions, exacerbated the global transmission of COVID-19. Human-to-human transmission of a disease is a key characteristic of a pandemic, and travel restrictions can be an appropriate response. Trade restrictions, by contrast, remain unjustified—even dangerous in the case of restrictions on medical equipment—and should be resisted, since resources, supplies, and trade are necessary to ensure that the impact of any pandemic is not exacerbated by unnecessary economic burdens and supply shortages.
- **Focus the WHO on its comparative advantage.** Too often, the WHO seeks to serve as an implementer. Instead, it must focus on coordinating among, and assisting, the member states, who have far more personnel and resources, in implementing responses to health emergencies at a national level. Muddling the understanding of the WHO remit causes avoidable delays and costs lives.
- **Match resources to priorities.** The WHO budget allocates only 15 percent to 20 percent of its resources to pandemic detection, prevention, and response.¹⁰ In response to COVID-19, the WHO had to solicit additional funding from its member states and major funders almost immediately. But the threat of international communicable diseases should be the major focus of the organization. Certainly, there should be attention to non-communicable diseases and other health concerns. But if the WHO is to remain the global health coordinating body, pandemics must be the top priority.

Preventing the Next Pandemic

The above reforms build on the lessons learned from the COVID-19 pandemic and can rebuild shattered global confidence in the WHO. Together,

member states and other key funders can heal the WHO. Absent these reforms, absent the accountability and rapid responses that are imperative if the world is to defeat the next pandemic, it will be each nation for itself. And that is never a sound strategy when dealing with a truly global health crisis.

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