

Viewpoint

Time for a Committee C for the WHO? COVID-19 and a more inclusive participation and accountable WHO

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Keywords: governance reform, infodemic, committee c, international health regulations, world health organization, covid-19

<https://doi.org/10.29392/001c.12842>

Journal of Global Health Reports

Vol. 4, 2020

Much of World Health Organization's (WHO) creditability and legitimacy as a global public health agency now hinges upon its leadership to coordinate international health work, as well as effectiveness of the International Health Regulations (IHR). With the IHR lacking robust accountability mechanisms for compliance and oversight, the article proposes an establishment of a Committee C of the World Health Assembly—an idea first put forward by Gaudenz Silberschmidt, Don Matheson, Ilona Kickbusch—not as a pancreas to the chronic shortfalls of the WHO, but as an additional governance mechanism to improve accountability and transparency at the organization. Democratizing global governance of health would rebuild trust and engender global solidarity, the foundations for a resilient global health system.

Dissatisfied with the World Health Organization's (WHO) novel coronavirus (COVID-19) response, the United States (US) has temporarily halted funding to the organization, while Australia has called for governance reform.¹ While the WHO's COVID-19 response reflects the fragility of the multilateral health system,² parts of current WHO governance failing lies with its institutional design. Building a multilateral health system based on the consent of sovereignty states has proven to be a thin ground for the WHO to operate. Overseen by 194 governments, the political space for WHO to operate as an autonomous actor is limited; while the 2005 International Health Regulations (IHR) establishes a global legal architecture for international infectious disease control, the organization lacks independent investigatory power to verify epidemiological information from whistleblowers on the ground. As a result, deficiencies in trust and democratic governance further weakens the moral legitimacy of the agency, at a time when the world needs WHO the most. Likewise, WHO's diminishing influence in the global health sphere is particularly concerning as vulnerable, marginalized populations are disproportionately affected by the pandemic.

ESTABLISHMENT OF A COMMITTEE C OF THE WORLD HEALTH ASSEMBLY

Despite the apparent shortfalls of the WHO, there remains a pressing, fundamental need for a functional global health agency, one that cannot succeed without transparency, accountability and inclusive participation. WHO's aspiration of health for all cannot be achieved without the gradual construction of a global society, one that speaks of the logics of health interdependence. The article proposes an establishment of a Committee C of the World Health Assembly—an idea first put forward by Gaudenz Silberschmidt,

Don Matheson, Ilona Kickbusch³—not as a pancreas to the chronic shortfalls of the WHO, but as an additional governance mechanism to improve accountability and transparency at the organization. Democratizing global governance of health would rebuild trust and engender global solidarity, the foundations for a resilient global health system.

In response to the rapid spread of COVID-19, the WHO Director-General Tedros Adhanom Ghebreyesus has appealed to solidarity as a ground for a global concerted effort. Solidarity is a powerful notion as it underscores the dense relationship of interdependence across countries,⁴ such conceptualization is important as states' abilities to contain and mitigate infectious diseases effectively depends on containment efforts of other states.

However, the operations of the IHR remains state-centric where member states' self-interests often prevail over the world's shared interests in health security. This is in part because of the structural shortfalls of the IHR: while the IHR obligates member states to contact the global health agency about potential outbreaks in its territories, distrust between governments and fears of economics repercussion also undermines incentives for countries to notify the WHO during a potential outbreak. Further, unlike the United Nations human rights regime, where individuals can bring attention about the violations of their rights in an international arena, the participation of the international infectious disease control regime is limited to states, not individuals. The annual progress reports on IHR implementation at the World Health Assembly (WHA), for instance, is limited to WHO member states and civil societies that are in "official relations" with the organization.⁵ Whistle-blowers, particularly those in authoritarian regimes, have no formal channel of communication with the global health agency. Equally concerning, individuals cannot voice concerns over their governments' lack of pandemic preparedness. Instead,

WHO relies on member states to conduct voluntary assessments on their ability to respond to public health risks. Such an approach has neglected voices of the vulnerable populations, where existing inequalities in health systems further exacerbates their vulnerabilities. Constructing an international infectious disease control regime based on sovereignty is no longer compatible with the mere scientific reality that viruses know no national borders.

Discontent over WHO's COVID-19 response also reveals the geopolitics that the organization is embroiled. The exclusion of Taiwan from participating at the WHO impairs the health of the global population. The government of Taiwan sounded alarm on the possible human-to-human transmission of Sars-Cov-2 and notified the WHO on December 31, but the information was not shared with the wider community, according to the Taiwanese government.⁶

While there is no one-size-fits-all solution to the pandemic, a human-centric approach towards international infectious disease control would place individuals at the core of pandemic response, reconceptualizing actors from independent member states to members of global society, where the impetus for international cooperation is not of mutual benefits, but of shared responsibilities. A little over a decade ago, scholars have proposed the establishment of Committee C of the WHA, which aims to improve transparency and accountability of the WHO.³ Article 2(j) of the WHO Constitution provides that the agency is "to promote cooperation among scientific and professional groups which contributes to the advancement of health"; Article 18(e) stipulates that the WHA should "establish such committees as may be considered necessary for the work of the Organization." These legal bases provide a good starting point for WHO reform. By embedding the language of human rights into WHO COVID-19 response, it will unify, not divide, global support for WHO. Creating a Committee C within the WHA will provide a forum for members of global society to challenge the actions of major global health actors, including the systemic impacts or unintended consequences of their actions. Likewise, such a forum will function as a vehicle for empowering individuals by forging support science-based response on the pandemic. Constructive engagement with diverse global health actors – governments, civil society organizations, the media, philanthropic organizations, social media companies and academic institutes – will refocus on delivering global public good, one

that cannot be achieved without the WHO.

A chronology of public health milestones reveals the essential role of WHO in protecting humanity. Established in 1948 as the world's global health agency, its signatory success in the eradication of smallpox in 1980 is much celebrated. WHO now works with its partners on eradicating wild-type polio, typical in Afghanistan and Pakistan. Since the 1950s, WHO has eliminated malaria in dozens of countries and now aims to reduce 90 % of malaria cases by 2030. WHO also engages in multiple areas of global health challenges beyond infectious disease control: antimicrobial resistance, mental health, road safety, and extreme poverty alleviation.

CONCLUSION

Admittedly, the appeal to global solidarity based on the notion of a global society might be idealistic, but at this extraordinary time where the world needs a transformative agenda. Reorient the WHO as a member-driven organization to one that truly serves as a global health agency is a win-win for all.

Funding: The research is supported by the Young Scholar Fellowship Program by Ministry of Science and Technology (MOST) in Taiwan, under Grant MOST108-2636-H038-002. Content are solely those of the author, and maintains responsibility for same.

Authorship contributions: TLL conceived, drafted and wrote the manuscript.

Competing interests: The author completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available upon request from the corresponding author), and declare no conflicts of interest.

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