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Delayed policy responses to COVID-19: The role of the WHO's structural problem

Coronavirus and its Societal Impact - Highlights from WZB Research

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Delayed policy responses to COVID-19: The role of the WHO's structural problem

By Mira Fischer

The policy responses to the outbreak of COVID-19 clearly demonstrate the need to improve international coordination within the public health sector. The World Health Organization (WHO), whose duties include both the securing of facts and the formulation of political recommendations, plays a key role here. However, events in recent months show that the interlacing of both tasks within one organization is problematic.

Since the outbreak was announced officially at the end of January, the WHO has consistently advised against travel restrictions. It continues to do so, despite its situation report of February 28, 2020 stating that those countries that did implement travel restrictions contrary to its own recommendations were, if unable to prevent the importation of the virus entirely, at least able to slow its spread. However, back in January, the WHO had praised China's approach of drastically restricting travel opportunities at home.

It may seem baffling at first: Why would the WHO recognize the effectiveness of travel restrictions in delaying the spread of the virus, yet nonetheless issue advice against them? It is all the more astonishing as several Asian countries, responding swiftly with a combination of travel restrictions, large-scale contact tracing and social distancing, seem to have brought the outbreak under control weeks ago, using hardly any restrictions on movement, and incurring relatively little damage economically. It suggests that a pandemic, and especially COVID-19's spread from richer to poorer countries, could have been prevented - if earlier action had been taken. Even if one does not believe in the downright success of these measures, wouldn't they at least have significantly shortened the time period between health care systems becoming overburdened and the widespread availability of an antidote, on balance saving social costs?

According to experts, when the new coronavirus first became known, the WHO was in a quandary. It was the first time it had been confronted with such a rapidly spreading epidemic within a country so powerful and, in many ways, closed. Since the WHO needed information from China to be able to assess the situation, it had to take Chinese economic interests into account when communicating its assessment. The WHO's recommendation not to restrict air traffic from China may have been a part of this compromise. For the latter, the WHO and its Director-General Tedros Ghebreyesus faced heavy criticism on social media this January, the thrust of which will not have escaped the ears of European governments. Nevertheless, the German government followed suit by rejecting all restrictions on travel until mid-March.

By the time the horrors of exponential spread became apparent even to laymen however, the German government was quick to curtail the liberty of every single person in the country. While on March 8, the only thing being discussed was the cancellation of major events, Germany went into lockdown just a week later, which banned all cultural and social life in one stroke, effectively cost millions of people their jobs and prevented children from going to school. Most European countries also imposed drastic restrictions, and by March 17, the European Union had closed its borders - at a time when this would hardly have had any notable positive effect. Germany, for example, already had over 9,000 confirmed cases by that time, and the virus had already started to spread from Europe to other continents.

Countries like Singapore, South Korea and Taiwan, which introduced travel restrictions against the WHO's recommendation yet simultaneously followed its recommendation to immediately start testing citizens for the new coronavirus, only suffered a very small number of infections and fatalities. Compared to most European countries, this was achieved with fewer restrictions on both individual freedoms and economic life. European countries, on the other hand, did the exact opposite, initially following the WHO's advice that was cheap (no travel restrictions) yet not implementing the advice that was costly in the short term (mass testing). This only seems to have made the lockdown necessary as a kind of sledgehammer approach to suppress new infections.

It remains unclear whether the WHO made a mistake, or acted in a welfare-maximizing manner under the constraints it was given, when trading restraint in travel recommendations for Chinese information about the outbreak. If, however, governments followed the WHO's travel recommendations while failing to notice that strategic dependencies meant that they rather had to be too cautious, this was not welfare-maximizing, neither from a national, nor from a global perspective. As long as the task of securing facts is not separated from the role of norm setter, the global community will likely not be able to contain future epidemics any better. Only disentangling scientific and political functions by way of institutional reform will lead to substantial improvements. Attempting blanket punishment by cutting the WHO's funding, as, for example, threatened by Donald Trump, will not.

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