

China, WHO and the Covid-19 Pandemic

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The Covid-19 pandemic spreading across the world has caused enormous and unprecedented health problems in terms of infected humans and deaths¹, overloaded health system capacities, and has caused major economic losses². The outbreak began sometime in November 2019, in Wuhan, Hubei Province, China³ beginning with cases of pneumonia of unknown origin, later identified as and due to the new virus, given the name SARS-Cov-2⁴. There has been considerable criticism against China and the WHO over their responses to this outbreak, especially during the critical initial period of two months ending in January 2020. The US has been in the forefront of the critics, contrasting China's response with that of Taiwan, and adding fuel to the growing US-China geopolitical rivalry and differences over issues such as trade, technology, finance, human rights, etc. This polarization threatens to degrade the badly needed international coherent and unified response to the Covid-19 pandemic, as well as the effective functioning of multilateral mechanisms which are essential to deal with a growing list of global problems. This article seeks to analyse the underlying causes of the present situation, and going forward to present some positive scenarios which the international community should promote and work for.

Origin of the SARS-Cov-2 Virus

The SARS-Cov2 virus is considered by experts to have originated in bats, and is believed to have gone through an intermediate animal host such as the pangolin, and emerged as a human pathogen in Wuhan, China. The exact date of its emergence and the host involved is not yet clear despite detailed analysis of genomic data. The infection produces symptoms after an incubation period of several days, or may not produce any symptoms at all. There is also some speculation that the virus may have been accidentally released from the laboratory of the Wuhan Institute of Virology⁵, which was doing active research into bat corona viruses⁶. Another theory involves the operation of the so called wet markets where many live animal species were kept in close proximity, and sold or slaughtered for human consumption. These wet markets visited by crowds of humans, could have contributed to the emergence or spread of the pathogen⁷. In support of this theory, the previous incidents of pathogens of zoonotic origin having emerged, such as SARS. However, detailed analysis of genomic sequences of the SARS-Cov2 virus has not been able to establish the exact origin of the virus⁸. This point may seem academic, but it has importance for the future, where the risk of pathogens of zoonotic origin emerging remains a serious health threat⁹.

The Director-General accepted the recommendation and declared the novel corona virus outbreak (2019-nCoV) a PHEIC, the 6th such declaration since the International Health Regulations (IHR) came into force in 2005.

US President Trump has been aggressively vocal in alleging that the SARS-Cov2 originated in the Wuhan institute of virology, though scientific evidence in support of this allegation is lacking. It has been mentioned that a US expert team that visited the Institute in December 2018 noted that the bio safety measures were inadequate to prevent leakage of dangerous pathogens into the environment. Further undisclosed information in support of this claim, presumably from US intelligence sources, has been mentioned. There have also been some counter allegations that the virus was originated in the US. It is therefore extremely important that Chinese authorities cooperate fully in investigating these allegations with the help of independent experts (preferably from neutral countries) and rule them out, in their own interest. Such an investigation would be valuable for increased bio safety for similar institutions worldwide.

WHO Response to Covid-19

WHO experts from its China and Western Pacific regional offices conducted a brief field visit to Wuhan on 20-21 January 2020. On 23 January, the WHO Director- General convened an independent Emergency Committee (EC) under the International Health Regulations (IHR 2005) to assess whether the outbreak constituted a public health emergency of international concern. The EC could not reach a consensus and reconvened on 30 January, and this time by consensus advised the Director-General that the outbreak constituted a Public Health Emergency of International Concern (PHEIC). The Director-General accepted the recommendation and declared the novel corona virus outbreak (2019-nCoV) a PHEIC, the 6th such declaration since the International Health Regulations (IHR) came into force in 2005. On 11-12 February, the

WHO convened a Research and Innovation Forum on COVID-19, attended by more than 400 experts and funders from around the world. The deliberations were considered by a Scientific Advisory Group on 2 March 2020 and on 4 March a comprehensive Global Research Roadmap¹⁰ was released with immediate, mid-term and longer-term priorities to build a robust and coordinated global research response.

In response to earlier disease outbreaks, the WHO had been undertaking efforts to improve its response to health emergencies. In fact, this was a major item on the agenda of the Executive Board (146th session) which met between 4-8 February 2020. However, the paper presented by the WHO was dated September 2019, no update was presented, and the board did not discuss the Covid-19 outbreak. No member state appears to have asked for the inclusion of an agenda item on Covid-19. The executive board missed the opportunity to have a structured discussion on Covid-19, and give adequate directions to the WHO. It was only the Director General who briefed the board in a special session on 7 February about the Covid-19 outbreak and actions taken, and delegates who spoke praised the actions of the WHO and the DG. However, by the time the Assembly met on 18 May, public concern over the Covid-19 had mounted greatly, and the assembly despite a truncated session adopted an important resolution on Covid-19, and devoted the plenary general discussion to this topic.

Resort to public threats of withdrawal of funding, and demands for change in leadership of WHO at this critical time would be extremely destructive.

Role of WHO and Member States

The WHO is the central coordinating agency in the UN system for health-related matters. The origin of the WHO itself was due to the need for international health regulations to prevent spread of diseases. Discussions for the creation of WHO was held since 1851, and in 1948 the WHO was created as a UN specialised agency with its own Constitution and governance structure¹¹. The WHO has the important task of

ensuring that diseases do not spread due to travel and global exchanges. WHO's task was to take effective action to prevent the international spread of the new disease, while the Chinese authorities were responsible for preventing the spread within China and for providing full information and data about the disease to WHO. WHO is indeed at the centre of the global response to the Covid-19 crisis, in coordinating research and development, mobilizing resources, and providing technical advice and support to health system workers, and serving as an authentic source of data and information on Covid-19 worldwide. Therefore, for any effective international response to the Covid-19 outbreak and future health challenges, it is important that the WHO is further strengthened and given enough resources. Resort to public threats of withdrawal of funding, and demands for change in leadership of WHO at this critical time would be extremely destructive.

Analysis of the past events shows that there were significant gaps on the part of Chinese authorities as well as WHO and member states. Firstly, the local authorities in Wuhan did not take measures to contain the spread of the disease, and allowed large social gatherings. Secondly, the health workers, especially the doctors were put under restrictions regarding releasing vital data about the cases. There seemed to an effort be to suppress the leakage of information rather than contain the disease by giving an early warning about it. It took time to identify the pathogen causing the surge in pneumonia cases.

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The exact role of the local and central authorities remains to be clarified. The overall effect was that valuable time was lost, and the virus spread within Wuhan, and Hubei Province and then to other parts of China and abroad through unrestricted air travel. The precautionary principle that "lack of full scientific certainty should not be a reason for

not taking action to prevent harmful consequences" was not followed. The Chinese authorities would do well to conduct a thorough, transparent and credible investigation into the outbreak response and come out with some conclusions and recommendations.

On the part of WHO there was a tendency to accept at face value the information provided by the Chinese government. The experience of the SARS outbreak¹² where there was a tendency to downplay and delay reporting of information about disease cases was not heeded. WHO did not respond satisfactorily to an email from Taiwanese officials¹³ who had heard reports about a surge of pneumonia cases in Wuhan. WHO was officially informed by China on 3 January about the disease outbreak, but it took another valuable five weeks before a joint technical mission could visit Wuhan on 16-24 February 2020¹⁴. This slow response undermined the initial efforts to contain the disease. WHO and any other international agency is understandably cautious before issuing any statements that might offend a member state, especially a large contributor. The fear of adverse economic impact is also an inhibiting factor. WHO should be strengthened and given a stronger mandate to report objectively and immediately any outbreaks in any member states. An independent, objective and credible reporting and alarm system for outbreaks would be of great help in the future. Further, member states should commit to transparency in release of data on cases and location access without delay whenever an outbreak is suspected.

Even if the WHO had failed to sound the alarm, member states of WHO could have demanded more information and called for action. Many member states had independent access to information on the ground from their citizens or their diplomatic missions, and could have sounded the alarm that something unusual was happening. This is more so given the previous history of SARS outbreak in China. If even one member state had called for quick action by WHO, the latter would have had to act more independently. Taiwan did send an alert by email to WHO on 31 December¹⁵ which seems to have been ignored. It seems that even the US government which has its own experts from CDC embedded within WHO did not sound the

alarm. President Trump himself initially praised China's handling of the situation and downplayed the threat posed by the virus. Therefore, one cannot blame the WHO alone for not raising the alarm earlier. All member states should therefore commit to providing information related to suspected disease outbreaks to the WHO at the earliest stage.

US Accusations Against WHO and China

Faced with growing numbers of Covid-19 cases and fatalities in the US, and the economic losses, as well as growing criticism of the handling of the Covid-19, US President Trump has launched a scathing attack on the WHO and China. He has accused WHO of being under Chinese influence and not insisting more strongly on transparency and access of experts to assess the situation, and of ignoring the warnings sounded by a Taiwanese team. These accusations are clearly laid out in his letter dated 18 May 2020¹⁶ addressed to WHO Director General Tedros Adhanom Ghebreyesus.

This was preceded by announcements of possible cutting off of funding for WHO, as well as a sharply worded accusatory letter from a group of US Congressmen¹⁷ demanding a response from the Director General. However, many voices within the US have cautioned against weakening the WHO at this critical time, and urged the US not to cut down financial support. Others have suggested that Trump is seeking a scapegoat to divert criticism of his handling of the Covid-19 outbreak, in which the US has surged to the top in terms of cases and fatalities.

World Health Assembly developments

The 73rd World Health Assembly met virtually in Geneva on 18-19 May 2020, with a minimal agenda. It however, managed to adopt an elaborate Resolution on Covid-19 by consensus. The resolution does not mention China by name, but calls for an independent evaluation of the Covid-19 pandemic and the responses. There were sharp exchanges in the media between US and Chinese officials over the Covid-19 crisis. Another issue was the participation of Taiwan as observer in the Assembly. This issue which has been raised in each Assembly since 2017 and rejected each

time by the General Committee of the assembly, acquired increased importance this year.

The WHO has been a target of US criticisms earlier as well, the US had been strongly critical of its work in certain areas, especially where commercial interests were involved.

The support for Taiwan's participation has grown substantially, especially in view of their success in handling the Covid-19 situation, with extremely low cases and fatalities. Since the full session of the assembly could not take place, the matter of Taiwan's participation was postponed to the resumed session, when the 27-member General Committee will firstly decide on the inclusion of the supplementary agenda item on Taiwan's participation as observer. Besides this there were cases of faulty or defective test kits and personal protective gear supplied by some Chinese firms to Europe and other countries. This contributed to the image of China being and unscrupulous profiteer seeking to take advantage of the crisis. The WHO has been a target of US criticisms earlier as well, the US had been strongly critical of its work in certain areas, especially where commercial interests were involved. At the May 2018 session of the Assembly, the US withdrew at the last minute from the consensus on a draft resolution promoting breast feeding, and reportedly used threats against Ecuador, which had sponsored the resolution. There had been calls for reforms in the wake of the Ebola outbreak in 2003 when the response of WHO was considered to be inadequate. A 5-member Independent Expert Oversight and Advisory Committee (IOAC) was set up in 2010¹⁸ to go into virtually every aspect of WHO's functioning, and submit reports to its decision-making bodies, the Executive Board and the Assembly. Thus, the reform process has been an ongoing one for ten years under the direction of member states.

Growing Chinese Role and WHO's Financial Situation

Over the years, China's role in the WHO has increased substantially. Its contribution to the WHO's regular budget has increased to 12.01 percent, in 2020-21 (from 3.91 percent in 2010-11), compared to the US of 22 percent. The other major contributors (2020-21) are Japan (8.56 percent), Germany (6.09 percent), France (4.43 percent), while India pays only 0.83 percent in 2020-21 (compared to 0.53 percent in 2010-11). 86 member states pay 0.01 percent or less. Member states are required to pay their assessed contribution in full by the end of the first calendar month of January each year. However, by 30 April, only about 36 percent of total of assessed contributions for 2020 (amounting to some \$ 489 million) had been paid by the member states¹⁹. This delay in payment of assessed contributions especially by the US has a severe adverse cash flow impact on the WHO, and in fact the entire UN system.

In addition to the assessed contributions, member states pay voluntary contributions which are applied to specific programme activities. The voluntary contributions for 2020 are around \$ 1660 million, and another \$ 450 million is projected with a budgeted shortfall of \$ 500 million. One possible reform of the WHO and the UN system could be to fix the share of assessed contributions between say 10 percent (maximum) and 0.01 percent (minimum or about \$ 25000), so that it is not dependent on a few major contributors.

While President Trump may accuse WHO of tilting towards China, this is a natural consequence of the rise in China's contributions and growing role.

Thus, while China's share of regular budget has grown, it is still well below that of the US. However, attention has been focused on China's recent push to secure the top positions of UN agencies. Chinese now head several UN agencies such as UNIDO, ICAO, ITU, and FAO. The Chinese bid for the DG post in WIPO was narrowly defeated due to a last minute intensive campaign by the US which

led to Singapore getting the post. At the level of Deputy DG too China has made good progress. The increasing financial clout of China and its leadership role in the UN system is striking. It would be surprising if China did not leverage this to support its foreign policy agenda and commercial interests. In doing so it would only be following the example set by the major contributor, the US over the past decades. This can only be countered by other major contributors such as the US, Japan, Germany and France remaining vigilant and acting together. Besides its financial contribution, China's Dr. Margaret Chan (of Hong Kong) was the Director General of WHO for ten years since 2006. While President Trump may accuse WHO of tilting towards China, this is a natural consequence of the rise in China's contributions and growing role. Even before the Covid-19 crisis, the tilt to China was visible, for example, in WHO's support to Chinese traditional medicine in contrast to Indian systems of traditional medicine.

Research and development and mitigation efforts

Both the US and China are engaged in intensive research and development on all aspects of the Covid-19 situation. Research on an effective vaccine has been an intense area of work across the globe with companies in the US and China leading the race, and some US and Chinese companies are working together. Other areas include drugs for Covid-19 treatment, research into the pathology and epidemiology of the disease, and testing and diagnostic kits, and sanitizing and protective equipment. Both countries along with almost all major economies have announced economic stimulus packages to mitigate the economic impact of Covid-19. In these areas collaboration between the US and China and other countries could be most productive and perhaps open the way to improvement of relations and confidence building. While a vaccine is still far away, this would be an opportune time for global discussions to start on mechanisms to ensure affordable access to vaccines and drugs especially for the poorer population of the world. The present system of IPR based rewards suffers from many

shortcomings – the prices of vaccines is high, many infectious diseases suffer from inadequate research for vaccines, supplies of vaccines are inadequate, and research into improved vaccines is not incentivised. Alternative mechanisms for ensuring reasonable rewards and profits to those who discover new vaccines and drugs, with affordable access to them, can be devised.

China would greatly expand its influence within the WHO, with only Japan and the EU to balance it.

US Withdrawal from WHO

The US's assessed contribution to WHO in 2020 is about \$ 118 million, of which it had paid nothing by 30 April. The US's previous year's dues to WHO on account of assessed contributions stood at about \$ 120 million at the end of April 2020. The US voluntary contribution for 2020 is approximately \$ 158 million. It will be obvious that if the US stops paying its voluntary or assessed contributions or both, there would be a severe impact on WHO obliging it to cut down its programmes. Downsizing of the organisation would be inevitable, unless other member states are ready to make up the shortfall. On 29 May, President Trump announced that the US was severing its relationship with the WHO, amounting to a formal notice of withdrawal. The WHO Constitution does not have provisions for withdrawal by a member state. Precisely for this reason, in 1948, the US Congress passed a resolution on US membership of WHO²⁰, under which a one year notice is to be given, and assessed contributions are to be paid in full. Therefore, according to this, US would continue to be a member of WHO for 2021 as well. The Trump administration's decision has been severely criticised within the US by health sector professionals. The issue of whether the Trump action of withdrawal requires congressional approval is also unsettled.

The US notice of withdrawal from WHO creates a severe financial crisis for WHO, requiring action by the Executive Board to deal with the financial situation amidst the ongoing

Covid-19 crisis. The US's 22 percent share of the assessed budget would have to be made up through budget cuts and increased contributions by other member states, which would depend on the extent of political commitment they have towards WHO. In the case of the US's withdrawal from UNIDO and UNESCO, it did not pay its dues of assessed contributions. The US's withdrawal from the WHO would open up new opportunities for China to fill the space as the next leading contributor.

China would greatly expand its influence within the WHO, with only Japan and the EU to balance it. Chinese role in supporting health systems in developing countries, and its role in the G77 would increase greatly, including its exports of medical equipment and services. However, the US's withdrawal could be cancelled if a new administration comes into power after the US elections in November 2020.

Future outlook

The US-China differences have severely hampered international efforts including through the WHO to combat Covid-19. The challenge is to manage these differences, and limit the damage to the international system including the WHO.

The US and Chinese leadership will need to be persuaded to reduce confrontationist attitudes, and engage in discussions over differences. Here the role of other powers, especially the EU-27, the UK and Russia could be very important. Of course, the internal political dynamics within the US and China will have a strong impact. The US is facing a Presidential election in November 2020, while China's CPC is facing a growing list of challenges – Hong Kong, Taiwan, the Uighurs, the impact of the economic slowdown, withdrawal of foreign companies, treatment of Africans, debt issues with the BRI projects, etc. The tensions on the borders with India and in the South China Sea may well push the concerned countries into a closer relationship with the US. Given the mounting challenges, it remains to be seen what kind of diplomacy China uses – the present hard-line style, or the pragmatic Deng style.

Endnotes

¹As on 28 May 2020, there have been 5,909, 209 confirmed cases of COVID-19, including 362,031 deaths, reported from 215 countries and territories

<https://www.worldometers.info/coronavirus/>, (accessed on 29-5-2020)

²Projected global losses of around \$26.8 trillion, or 5.3%, of global GDP in the coming five years, according to a study by the Centre for Risk studies, Cambridge University, 27 May 2020,

<https://www.weforum.org/agenda/2020/05/coronavirus-covid19-pandemic-economy-money-depression-recession/> (accessed on 29-5-2020)

³According to the government data, a 55-year-old from Hubei province could have been the first person to have contracted Covid-19 on 17 November. On 27 December, Dr. Zhang Jixian, from Hubei Provincial Hospital, told China's health authorities that the disease was caused by a new corona virus. By that date, more than 180 people had been infected, though doctors might not have been aware of all of them at the time. South China Morning Post, 13 March 2020. The Wuhan Municipal Health Commission made the first public announcement of a pneumonia outbreak of unknown cause on 31 December, confirming 27 cases, enough to trigger an investigation. In early and mid-January 2020, the virus spread to other Chinese provinces, helped by the Chinese New Year migration and Wuhan being a transport hub and major rail interchange. <https://www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back> , (accessed on 29-5-2020)

⁴SARS-CoV2 is a species of corona virus that infects humans, bats and certain other mammals. It is an enveloped positive-sense single-stranded RNA virus that enters its host cell by binding to the angiotensin-converting enzyme 2 (ACE2) receptor. Another strain, SARS-CoV-1, caused the 2002–2004 outbreak of severe acute respiratory syndrome (SARS).

⁵US President Donald Trump and Secretary of State Mike Pompeo have asserted that the virus originated from a laboratory in the central Chinese city of Wuhan, CNN, 6 May 2020, <https://edition.cnn.com/2020/05/06/asia/corona>

[virus-china-wuhan-lab-origins-explainer-intl-hnk/index.html](https://www.theweek.in/news/world/2020/05/25/wuhan-lab-virologist-will-continue-research-into-bat-coronaviruses.html) (accessed on 29-5-2020)

⁶The Wuhan Institute of Virology, which houses China's only level-four bio safety lab, has been studying corona viruses since the 2003 SARS epidemic, The Week, 25 May 2020,

<https://www.theweek.in/news/world/2020/05/25/wuhan-lab-virologist-will-continue-research-into-bat-coronaviruses.html> (accessed on 29-5-2020)

⁷Early reports blamed a market where live animals were sold, but evidence now shows they were wrong. Live Science, 28 May 2020, <https://www.livescience.com/covid-19-did-not-start-at-wuhan-wet-market.html> (accessed on 29-5-2020)

⁸Pigs could also have played a role in the origin of Sars-Cov-2, Grain, 30 March 2020, <https://www.grain.org/en/article/6437-new-research-suggests-industrial-livestock-not-wet-markets-might-be-origin-of-covid-19> (accessed on 29-5-2020)

⁹SARS-CoV-2 is the seventh corona virus known to infect humans, and the third zoonotic virus after SARS-CoV and MERS-CoV. Bats, especially horseshoe bats, are the reservoir hosts of a number of additional novel corona viruses, and a number of these novel corona viruses can replicate efficiently in human cells and lead to epidemic strains of SARS-CoV. This indicates that other potential cross-species events could occur in the future. Mackenzie, J and Smith, D. W., Microbiology Australia, 17 March 2020,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7086482/pdf/MA20013.pdf> (accessed on 29-5-2020)

¹⁰2019 novel Corona virus - Global research and innovation forum: towards a research roadmap 4 March 2020,

<https://www.who.int/blueprint/priority-diseases/key-action/Roadmap-version-FINAL-for-WEB.pdf> , (accessed on 30-5-2020)

¹¹The International Sanitary Bureau was established in 1902 in Washington, later renamed the Pan American Sanitary Bureau. The Office international d'Hygiène publique (OIHP) in Paris was set up in 1908. The League of Nations set up a Health Organisation. The Constitution of the World Health Organization came into force on 7 April 1948. WHO,

https://www.who.int/global_health_histories/background/en/ (accessed on 29-5-2020)

¹². The SARS epidemic started with the first reported case in Guangdong Province, China, in November 2002. Chinese government officials did not inform the World Health Organization of the outbreak until February 2003. This lack of openness caused delays in efforts to control the epidemic, resulting in criticism of the People's Republic of China from the international community. China officially apologized for early slowness in dealing with the SARS epidemic. CNN, 6 April 2003, <http://www.cnn.com/2003/HEALTH/04/05/sars.vaccine/index.html> ,(accessed on 29-5-2020)

¹³. On hearing reports about patients falling sick with a mysterious pneumonia in the Chinese city of Wuhan on 31 Dec 2019, Taiwan's health officials sent an email to the World Health Organization asking for more information. Time, 19 May 2020, <https://time.com/5826025/taiwan-who-trump-coronavirus-covid19/> (accessed on 29-5-2020)

¹⁴. A Joint Mission consisting of 25 national and international experts from China, Germany, Japan, Korea, Nigeria, Russia, Singapore, the United States of America and the World Health Organization (WHO). visited China from 16-24 February 2020, WHO, <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> (accessed on 29-5-2020)

¹⁵. The government of Taiwan notifies Chinese health officials and WHO about its detection of a SARS-like virus outbreak in Wuhan, and warns of human-to-human transmission. WHO does not inform member nations about the report on its internal website. Centre for Security Policy, <https://www.centerforsecuritypolicy.org/wuhan-virus/> (accessed on 30-5-2020)

¹⁶US president has accused the global health body for supporting China during the corona virus pandemic, Hindustan Times, 19 May 2020,

<https://www.hindustantimes.com/world-news/the-only-way-forward-for-the-who-is-full-text-of-trump-s-letter-to-who-chief-tedros-adhanom-ghebreyesus/story-MCee8MiYg9NYh7gPcYMGRO.html> , (accessed on 29-5-2020)

¹⁷Letter dated 9 April 2020 to Director General, WHO https://republicans-oversight.house.gov/wp-content/uploads/2020/04/FINAL_Letter-to-WHO-re-China-Pressure-.pdf (accessed on 29-5-2020)

¹⁸The 30th meeting of this Committee was on 9 April 2020 (virtual session), https://apps.who.int/gb/ieoac/PDF/30/30th_Report.pdf

¹⁹Assessed contributions overview for all Member States as at 30 April 2020, WHO, https://www.who.int/about/finances-accountability/funding/AC_Status_Report_2020.pdf , (accessed on 30-5-2020)

²⁰The US Cannot Withdraw from the WHO Without First Paying Its Dues, JustSecurity.org, 26 May 2020, <https://www.justsecurity.org/70384/the-us-cannot-withdraw-from-the-who-without-first-paying-its-dues/> (accessed on 30-5-2020)