

DIPLOMATIC MALPRACTICE: REFORMING THE WHO AFTER CHINA'S COVID-19 COVER-UP

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INTRODUCTION

The COVID-19 pandemic has exposed major weaknesses in the international community's pandemic surveillance system and raised important questions about China's efforts to flout global health standards. At the center of these debates sits the World Health Organization (WHO), a specialized UN agency with a history of prioritizing political over technical considerations, often resulting in slow, ineffectual responses to outbreaks of deadly infectious diseases. These breakdowns have occurred in tandem with China's growing UN activism, which Chinese President Xi Jinping explained at the 19th Communist Party Congress in 2017.¹

An examination of the WHO's response to COVID-19 reveals parallels to the organization's responses to the 2002 severe acute respiratory syndrome (SARS) outbreak in China and the 2013 Ebola outbreak in West Africa. These commonalities include unexplained WHO delays in officially declaring each outbreak; China's repeated refusal to provide accurate, timely information about outbreaks occurring within its borders; and the Chinese Communist Party's (CCP's) consistent prioritization of regime stability over global health, coupled with China's dissemination of misinformation. The WHO's COVID-19 response was further hindered by structural, governance, and prioritization deficiencies, many of which have persisted for years and, in some cases, decades.

In May 2020, the Trump administration announced its intention to withdraw from the WHO, primarily due to the organization's perceived deference to China. The Biden administration reversed those plans in early 2021. Remaining engaged at the WHO provides the United States with a multilateral platform to advocate for improved global health standards, increased accountability for noncompliant WHO member states, and a more focused mandate. Yet engagement for engagement's sake will do little to help prevent the next global pandemic, which is why the United States and its allies need to move quickly to reform the organization and address China's malign behavior.

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1. Ministry of Commerce of the People's Republic of China, "The 19th National Party Congress of the Communist Party of China," accessed March 31, 2021. (http://english.mofcom.gov.cn/article/zt_19da)

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BACKGROUND, BUREAUCRATIC STRUCTURE, AND DISPUTES

The WHO commenced operations in 1948 with the principal objective of “the attainment by all peoples of the highest possible level of health.”² The organization’s mandate originally focused on coordinating global health policy and conducting limited research. Over time, however, its operations expanded to include monitoring public health risks, managing responses to health emergencies, and organizing large-scale vaccination programs.³ By far, the WHO’s greatest success was the eradication of smallpox in the 1960s. This initiative, conducted in close partnership with the United States,⁴ ultimately led to the full elimination of the deadly virus in 1980 – the only infectious disease with this distinction.⁵

Today, delegates from each of the WHO’s 194 member states serve on the agency’s decision-making body, the World Health Assembly (WHA), which votes on policies concerning WHO programs and reviews and approves the WHO’s proposed budget. The WHO’s director-general may invite observers to the WHA’s annual meeting, as was the case with Taiwan between 2009 and 2016. The WHO’s Executive Board, composed of 34 technically qualified members elected by the WHA to three-year terms, implements the WHA’s decisions and policies. The Executive Board is also responsible for determining the WHA’s annual meeting agenda and resolutions to be considered by the WHA. The WHO’s director-general, currently Dr. Tedros Adhanom Ghebreyesus, is appointed by the WHA upon nomination by the Executive Board. During their five-year term, directors-general serve as the organization’s chief technical and administrative officer as well as its chief fundraiser.

The WHO lacks a compulsory dispute-resolution mechanism capable of compelling member-state compliance, as exemplified by China’s repeated refusal to provide information about outbreaks within its borders. The 2005 International Health Regulations (IHR) are the primary legal instrument binding all WHO member states and governing disputes involving health emergencies. The IHR affords member states wide discretion regarding their responses to public health emergencies of international concern (PHEICs) and related WHO recommendations. However, the IHR mandates that member states establish domestic surveillance systems to detect acute outbreaks and report to the WHO on anything that “may constitute a” PHEIC. Disputes between member states and the WHO regarding the interpretation or application of the IHR can be submitted to the WHA for a majority vote.⁶

In the case of a dispute between WHO member states, the IHR encourages the parties to seek a resolution through “negotiation or any other peaceful means of their own choice.”⁷ If a PHEIC-related dispute between two states remains unresolved, the parties can bring it before the WHO director-general under Article 56 of the IHR. In some cases, global health-related disputes can also be brought before other intergovernmental organizations whose legal mandates overlap with that of the WHO.

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2. World Health Organization, “Constitution,” accessed March 31, 2021. (<https://www.who.int/about/who-we-are/constitution>)

3. World Health Organization, “Smallpox,” accessed March 31, 2021. (<https://www.who.int/health-topics/smallpox>)

4. “Case 1: Eradicating smallpox,” *Center for Global Development*, accessed March 31, 2021. (<https://www.cgdev.org/page/case-1-eradicating-smallpox>)

5. World Health Organization, “Smallpox,” accessed March 31, 2021. (<https://www.who.int/health-topics/smallpox>)

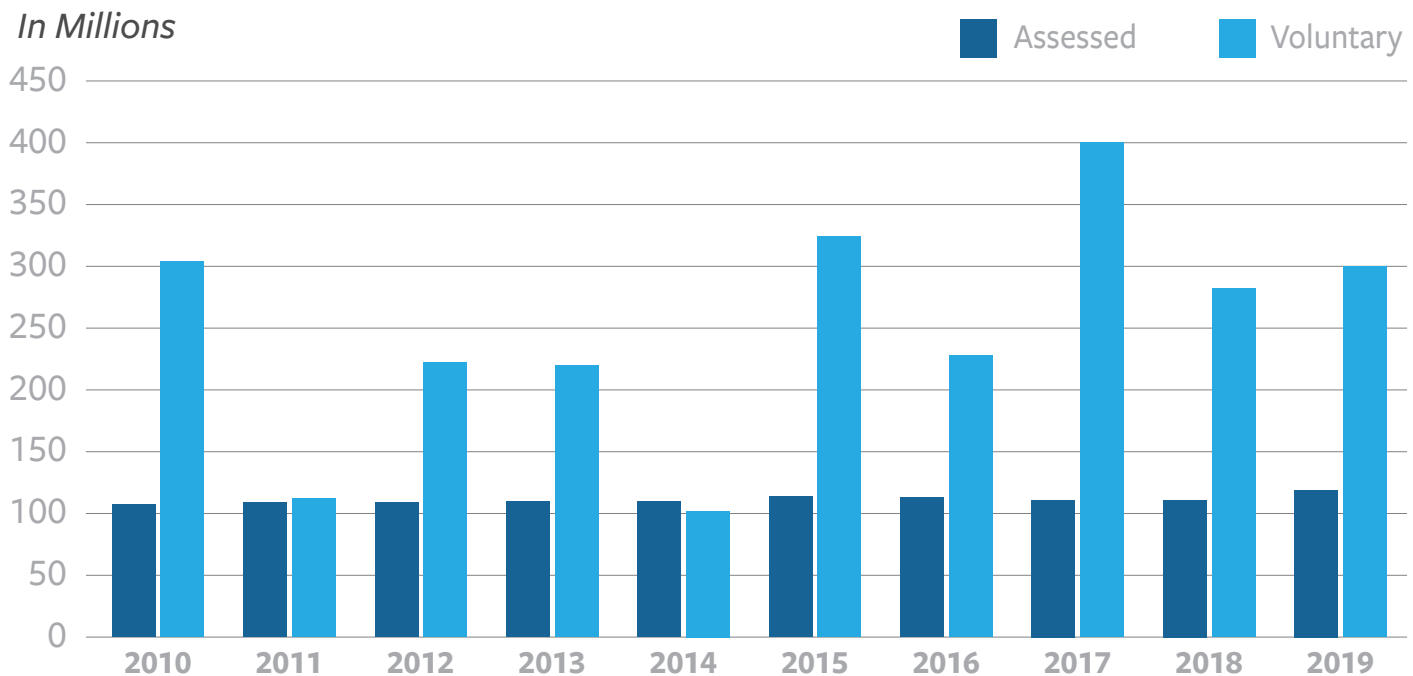
6. World Health Organization, “International Health Regulations,” accessed March 31, 2021. (https://www.who.int/health-topics/international-health-regulations#tab=tab_2); World Health Organization, World Health Assembly, “Health action in relation to crises and disasters, with particular emphasis on the earthquakes and tsunamis of 26 December 2004,” WHA58.1, May 25, 2005. (https://apps.who.int/gb/ebwha/pdf_files/wha58-rec1/english/resolutions.pdf)

7. World Health Organization, “International Health Regulations (2005), Third Edition,” 2016. (<https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf;jsessionid=1FD446DFBDAC5C7E37C780DE387C0574?sequence=1>)

BUDGET

Headquartered in Geneva, Switzerland, the WHO employs more than 7,000 people at more than 150 offices worldwide.⁸ The organization's approved biennium program budget for 2020–2021 totaled \$5.84 billion, a slight increase from its 2018–2019 budget of \$5.62 billion.⁹ The organization relies on financial contributions (assessed and voluntary) from member states as well as support from private entities. All assessed contributions are based on a percentage of each member state's gross domestic product per capita. This percentage is agreed at the UN General Assembly, and WHO member states approve it every two years at the WHA.¹⁰ Since 2014, total assessed contributions have grown by only 3 percent.¹¹ As a result, to fulfill its ever-expanding mission, the WHO is now heavily dependent on voluntary contributions, which grew by 18 percent over the same time period, from \$3.9 billion in 2014–2015 to \$4.7 billion in 2018–2019.¹²

U.S. Government Contributions to the World Health Organization, 2010-2019



Notes: Analysis of WHO Budget Sources on Assessed and Voluntary Contributions (<http://www.who.int/about/finances-accountability/en/>), as well as State Department Congressional Reports on U.S. Contributions to International Organizations (www.foreignassistance.gov)

8. World Health Organization, “WHO - organizational structure,” accessed March 31, 2021. (<https://www.who.int/about/who-we-are/structure>)

9. World Health Organization, “Budget,” accessed March 31, 2021. (<https://www.who.int/about/accountability/budget>)

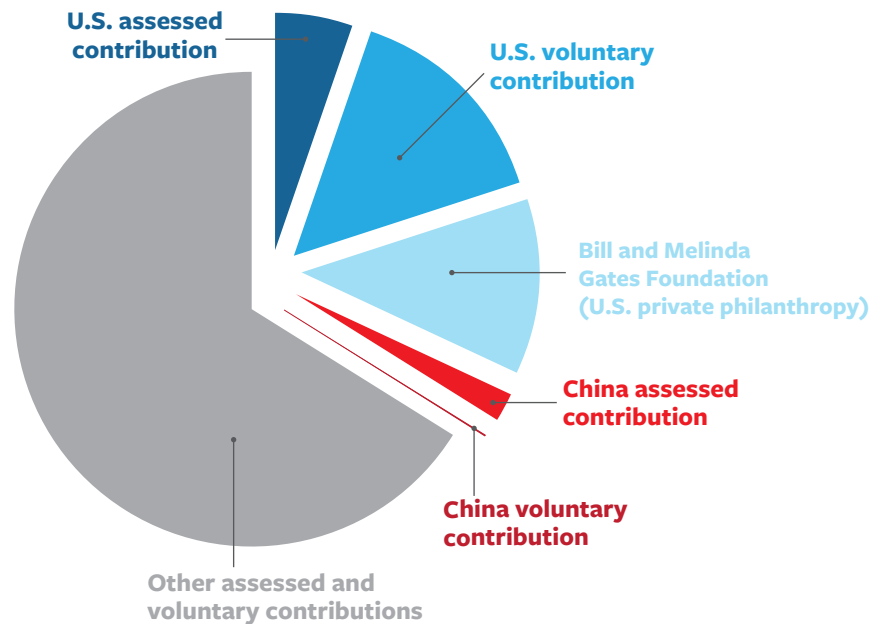
10. World Health Organization, “How WHO is funded,” accessed March 31, 2021. (<https://www.who.int/about/funding>)

11. Michael Collins, “The WHO and China: Dereliction of Duty,” *Council on Foreign Relations*, February 27, 2020. (<https://www.cfr.org/blog/who-and-china-dereliction-duty>)

12. World Health Organization, “Source and distribution of funds available - 31 December 2015,” December 31, 2015. (<http://extranet.who.int/programmebudget/Biennium2014/Contributor>); World Health Organization, “Contributors,” accessed March 31, 2021. (<http://open.who.int/2018-19/contributors/contributor>)

The United States, which has been the WHO's top funder for many years running, contributed approximately \$893 million, or 20 percent of the organization's budget, during the 2018–2019 budget cycle. \$237 million of that was assessed, and \$656 million was voluntary.¹³ The Bill and Melinda Gates Foundation, the WHO's second-largest donor, contributed \$531 million, or 12 percent of the WHO's budget.¹⁴ During that same period, China, the world's second-largest economy, contributed only \$85 million, or approximately 1.5 percent of the organization's budget. \$75 million was assessed, and \$11 million was voluntary.

2018-2019 Budget Cycle



WHO HISTORY HAS A WAY OF REPEATING ITSELF

A close examination of the COVID-19 pandemic reveals parallels to the SARS and Ebola outbreaks that began in 2002 and 2013, respectively. These commonalities include unexplained WHO delays in officially declaring each outbreak; China's repeated refusal to provide accurate, timely information about outbreaks occurring within its borders; and the CCP's consistent prioritization of regime stability over global health, coupled with China's spread of misinformation and state-directed propaganda.

SARS (2002–2003)

SARS was the first global infectious disease of the 21st century. This coronavirus likely originated in horseshoe bat populations in November 2002 in China's Guangdong province.¹⁵ Amidst mounting evidence of a viral outbreak, the WHO waited nearly four months before issuing two global alerts on March 12 and March 15, 2003.¹⁶ Unfortunately, SARS was already spreading around the world, particularly in Singapore, Toronto, and Hanoi,

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 13. Pien Huang, "Trump And WHO: How Much Does The U.S. Give? What's The Impact Of A Halt In Funding?" *NPR*, April 15, 2020. (<https://www.npr.org/sections/goatsandsoda/2020/04/15/834666123/trump-and-who-how-much-does-the-u-s-give-whats-the-impact-of-a-halt-in-funding>)

14. World Health Organization, "Contributors," accessed March 31, 2021. (<http://open.who.int/2018-19/contributors/contributor?name=Bill%20%26%20Melinda%20Gates%20Foundation>)

15. Alice Latinne et al., "Origin and cross-species transmission of bat coronaviruses in China," *Nature Communications*, Volume 11, Number 4235, August 25, 2020, page 2. (<https://www.nature.com/articles/s41467-020-17687-3>)

16. Evan S. Michelson, "Dodging a Bullet: WHO, SARS, and the Successful Management of Infectious Disease," *Bulletin of Science, Technology & Society*, Volume 25, Number 5, October 2005, page 380. (<https://journals.sagepub.com/doi/pdf/10.1177/0270467605278877>)

where it primarily infected hospital workers and the elderly. In the end, SARS infected at least 8,098 people and killed 774,¹⁷ according to the U.S. Centers for Disease Control and Prevention (CDC).

The principal explanation for SARS' deadly reach outside of China was not the virus itself, but rather the Chinese government's cover-up at its onset, as well as the WHO's reliance on Chinese authorities for information about the virus.¹⁸ To downplay the extent of the outbreak, Beijing ordered, among other things, that Chinese doctors mislead WHO investigators about confirmed SARS cases in China.¹⁹ It was not until the cover-up was publicly exposed by Jiang Yanyong, a physician and retired general in the People's Liberation Army (PLA), that the Chinese government acknowledged wrongdoing. Hours after the cover-up was exposed, China announced that Health Minister Zhang Wenkang and Beijing Mayor Meng Xuenong had been removed from key CCP posts. Beijing also instituted several security measures to contain the outbreak. Jiang was placed under house arrest, where he reportedly remains.²⁰

While the WHO moved relatively quickly to mobilize an international network of scientists to study the never-before-seen virus, the organization's dependence on the Chinese government for timely provision of accurate outbreak data adversely affected its overall response. The WHO's director-general at the time, Gro Harlem Brundtland, even criticized China's lack of cooperation on SARS. She noted that while China first detected the virus in November 2002, the Chinese government did not allow the WHO to access the area for several months.²¹

Efforts to address key weaknesses in the WHO's global pandemic surveillance system were subsequently included in the 2005 IHR, which directs WHO member states to report public health emergencies in a "timely manner."²² The IHR was unanimously adopted by all of the WHO's member states, including China, which also notified the WHO of its plans to revise its own Frontier Health and Quarantine Law to comply with the IHR.²³ Nonetheless, China was never penalized for withholding SARS-related information, owing to the IHR's lack of an effective enforcement mechanism.

The Chinese government's SARS response included efforts to downplay the seriousness of the outbreak, such as claiming that only 44 cases and four fatalities had been documented and that all of these cases had been in Beijing. China revised that number to 1,807 cases and 79 deaths after the cover-up was exposed, which revealed

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17. U.S. Centers for Disease Control and Prevention, Notice, "Severe Acute Respiratory Syndrome (SARS)," January 13, 2004. (<https://www.cdc.gov/sars/about/fs-sars.html>)

18. U.S. Congressional-Executive Commission on China, "Dangerous Secrets—SARS and China's Healthcare System," May 12, 2003. (<https://www.govinfo.gov/content/pkg/CHRG-108hrg88399/pdf/CHRG-108hrg88399.pdf>)

19. John Pomfret, "Beijing Told Doctors To Hide SARS Victims," *The Washington Post*, April 20, 2003. (<https://www.washingtonpost.com/archive/politics/2003/04/20/beijing-told-doctors-to-hide-sars-victims/3eb7d1aa-d2ff-477b-bc15-d0164377b123>)

20. Verna Yu, "Doctor who exposed Sars cover-up is under house arrest in China, family confirms," *The Guardian* (UK), February 9, 2020. (<https://www.theguardian.com/world/2020/feb/09/sars-whistleblower-doctor-under-house-arrest-in-china-family-confirms-jiang-yangyong>)

21. "China under fire for virus spread," *BBC News* (UK), April 6, 2003. (<http://news.bbc.co.uk/2/hi/health/2922993.stm>)

22. David L. Heymann, John S. Mackenzie, and Malik Peiris, "SARS legacy: outbreak reporting is expected and respected," *The Lancet*, Volume 381, Issue 9869, March 9, 2013, pages 779–781. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60185-3/fulltext#bib13](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60185-3/fulltext#bib13)); World Health Organization, "International Health Regulations (2005), Third Edition," 2016. (<https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf;jsessionid=DCB805B31092DF438E0BA2D784453F27?sequence=1>)

23. Permanent Mission of the People's Republic of China to the United Nations Office at Geneva and Other International Organizations in Switzerland, "Statement of the Government of the People's Republic of China On China's Implementation of the *International Health Regulations (2005)*," SA/07/03064, May 12, 2007. (<https://www.who.int/ihr/China2007.pdf?ua=1>)

previously undisclosed cases outside of Beijing.²⁴ The Chinese government's response also included efforts to conceal information about the outbreak from the public. For example, initial municipal reports about the outbreak were marked "top secret" and not made available to municipal health officials.²⁵

This secrecy continued for several months until news of the virus began spreading via mobile phones in Guangzhou, after which time Chinese officials held a news conference falsely claiming SARS was "comprehensively" under control.²⁶ When Chinese media outlets began questioning the government's handling of the outbreak, Beijing again halted reporting on the disease.²⁷ A news blackout continued during the run-up to China's National People's Congress in March 2003, a politically sensitive time marking the selection of a new Chinese government. Afterward, Chinese leaders invoked the need for a "people's war" against the virus, a term referencing the peasant uprising that helped Communists come to power in China.²⁸ Chinese state media also began praising the Chinese government's handling of the crisis, as well as the role of health care workers, referred to as "angels in white." The *China Youth Daily*, the official newspaper of Communist Youth League of China, also speculated that SARS was a genetic weapon developed by the National Institutes of Health in the United States.²⁹

EBOLA (2013–2016)

The initial Ebola case, or index patient, was reported in December 2013 in a small village in Guinea, where an 18-month-old was infected by bats.³⁰ The virus quickly spread to Conakry, Guinea's capital. Although the WHO had information about rising Ebola caseloads, the organization did not declare an official outbreak for more than 90 days. Months passed before the WHO declared a PHEIC.³¹ By that time, cases had already been reported in other countries. Infections would eventually exceed 28,800, resulting in more than 11,300 deaths.³²

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24. "SARS crisis: China admits its big, deadly lie," *The Sydney Morning Herald* (Australia), April 21, 2003. (<https://www.smh.com.au/national/sars-crisis-china-admits-its-big-deadly-lie-20030421-gdgmnt.html>)

25. Yanzhong Huang, "The SARS Epidemic and Its Aftermath in China: A Political Perspective," *Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary*, Eds. Stacey Knobler, Adel Mahmoud, Stanley Lemon, Alison Mack, Laura Sivitz, and Katherine Oberholtzer (Washington, DC: National Academies Press, 2004), page 118. (<https://www.ncbi.nlm.nih.gov/books/NBK92479/>); John Pomfret, "China's Slow Reaction to Fast-Moving Illness," *The Washington Post*, April 3, 2003. (<https://www.washingtonpost.com/archive/politics/2003/04/03/chinas-slow-reaction-to-fast-moving-illness/4eac88ab-3b92-4399-8d62-545efc975bc4>)

26. "Health-China-SARS-Zhang: Zhang Wenkang – Open on AIDS, less so on SARS – set to lose job," *Agence France-Presse*, April 20, 2003. (Archived version available at: <https://web.archive.org/web/20041029083204/http://www.aegis.com:80/news/afp/2003/AF030440.html>); U.S. Congressional-Executive Commission on China, "Dangerous Secrets—SARS and China's Healthcare System," May 12, 2003, page 35. (<https://www.govinfo.gov/content/pkg/CHRG-108hrg88399/pdf/CHRG-108hrg88399.pdf>)

27. Yanzhong Huang, "The SARS Epidemic and Its Aftermath in China: A Political Perspective," *Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary*, Eds. Stacey Knobler, Adel Mahmoud, Stanley Lemon, Alison Mack, Laura Sivitz, and Katherine Oberholtzer (Washington, DC: National Academies Press, 2004), pages 118–119. (<https://www.ncbi.nlm.nih.gov/books/NBK92479/>)

28. Joseph Kahn, "The SARS Epidemic: Health and Politics; Some Chinese Say Government's Response to Epidemic Has Been Too Heavy-Handed," *The New York Times*, May 23, 2003. (<https://www.nytimes.com/2003/05/23/world/sars-epidemic-health-politics-some-chinese-say-government-s-response-epidemic.html>)

29. Natasha Bajema and Christine Parthemore, "How to Counter China's Coronavirus Disinformation Campaign," *Defense One*, March 29, 2020. (<https://www.defenseone.com/ideas/2020/03/how-counter-chinas-covid-19-disinformation-campaign/164188>)

30. U.S. Centers for Disease Control and Prevention, "Ebola (Ebola Virus Disease): 2014–2016 Ebola Outbreak in West Africa," March 8, 2019. (<https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>)

31. Suerie Moon et al., "Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola," *The Lancet*, Volume 386, Issue 10009, November 28, 2015, pages 2204–2221. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00946-0/fulltext?rss%3Dyes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00946-0/fulltext?rss%3Dyes))

32. World Health Organization, "Contributors," accessed March 31, 2021. (<http://open.who.int/2018-19/contributors/contributor>)

In 2015, a panel convened by Harvard's Global Health Institute (HGHI) and the London School of Hygiene & Tropical Medicine (LSHTM) led a review of the WHO's Ebola response. HGHI's director, Ashish K. Jha, a leading member of the panel, said that "the most egregious failure was by WHO in the delay in sounding the alarm." He said the WHO was aware the Ebola outbreak was "getting out of control" by the spring of 2014. LSHTM Director Peter Piot, the panel's chairman, said more vigilance was needed to "detect, report and respond rapidly to these small outbreaks to prevent them from becoming large-scale emergencies."³³ The report, drawing on leaked internal WHO emails, outlined several reasons for the delays, including concerns among WHO officials that declaring an outbreak could result in political opposition from African leaders; fears that declaring an outbreak could adversely impact the economies of affected countries; and a culture within the WHO that "discourage[ed] open debate about sensitive issues, such as emergency declarations."³⁴

The panel proposed significant WHO reforms to help rebuild trust. The panel noted that the WHO should "substantially scale back its expansive range of activities to focus on core functions," which needed to be clearly articulated by the WHO's Executive Board. While the panel restricted its specific recommendations to infectious disease outbreaks, it noted that the WHO's Executive Board should "identify and hand over non-core activities to other actors, thereby streamlining WHO's activities" in the areas of non-communicable diseases, injuries, environmental health, healthcare systems, and social determinants of health. The panel also encouraged WHO member states to insist on a director-general with the "character and capacity to challenge even the most powerful governments when necessary to protect public health," while also noting the important role of civil society and the media in holding rogue WHO member states accountable for noncompliance. The panel also outlined the need for the WHO to establish a freedom-of-information policy, an inspector general's office, and a plan to reform the WHO's human resource management. Many of these reforms remain unrealized.³⁵

For its part, Beijing leveraged the Ebola outbreak to enhance its soft power, including the expansion of China's role in addressing global public health emergencies. The outbreak provided the PLA, specifically its Academy of Medical Sciences, with an opportunity to obtain valuable emergency-management experience. Indeed, this was the first time the PLA sent medical teams overseas in response to a global pandemic.³⁶

The WHO's Ebola response was marred by controversy from the start. So, too, were China's efforts. Early on, as Ebola cases skyrocketed, the United States and European countries greatly exceeded Beijing's paltry financial contributions to the global response.³⁷ In all, China donated only \$47 million, or approximately 1.3 percent of the total amount pledged, an amount dwarfed by the \$1.8 billion contributed by the United States as well as the \$364 million and \$167 million contributed by the United Kingdom and Germany, respectively. China's limited on-the-

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33. Kate Kelland, "Global health experts accuse WHO of 'egregious failure' on Ebola," *Reuters*, November 22, 2015. (<https://www.reuters.com/article/us-health-ebola-response/global-health-experts-accuse-who-of-egregious-failure-on-ebola-idUSKBN0TB10K20151122>)

34. Suerie Moon et al., "Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola," *The Lancet*, Volume 386, Issue 10009, November 28, 2015, page 2210. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00946-0/fulltext?rss%3Dyes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00946-0/fulltext?rss%3Dyes))

35. *Ibid.*, pages 2216–2217.

36. Jean-Pierre Cabestan, "China's response to the 2014–2016 Ebola crisis: Enhancing Africa's soft security under Sino-US competition," *China Information*, Volume 35, Issue 1, December 18, 2020, pages 3–24. (<https://journals.sagepub.com/doi/abs/10.1177/0920203X20978545?journalCode=cina>)

37. Raf Sanchez and Laurence Dodds, "What countries have pledged to fight Ebola... and how much they've paid into the fund," *The Telegraph* (UK), October 22, 2014. (<https://www.telegraph.co.uk/news/worldnews/ebola/11179135/What-countries-have-pledged-to-fight-Ebola...-and-how-much-theyve-paid-into-the-fund.html>)

ground contributions also paled in comparison to those from the West. For example, China constructed a total of just two Biosafety Level-3 labs to support the response, compared with 12 built by the United States, 16 by Canada, and three by the United Kingdom.³⁸ China also organized only one Ebola treatment unit, with 100 treatment beds, compared with 15 by the United States, with a total of 1,700 beds.³⁹

Other media reports revealed Chinese discrimination against African travelers from affected countries. Beijing imposed selective Ebola quarantines and airport screenings that applied only to African nationals arriving from Ebola-affected countries. These measures, which were not in accordance with international health protocols at the time, did not apply to Chinese or other nationals.⁴⁰ China also restricted the participation of African athletes in the 2014 Youth Olympic Games in Nanjing, China.⁴¹ In response, Sierra Leone and Liberia decided against sending delegations. Nigeria pulled its athletes after they were barred from training due to Chinese Ebola concerns.⁴²

COVID-19

Although the COVID-19 pandemic is ongoing, there are clear similarities between the current crisis, the WHO's handling of the SARS and Ebola outbreaks, and China's disregard for global health norms. These parallels include China's refusal to provide key outbreak data to the WHO, such as blood samples to help explain how widely the virus circulated in China in 2019.⁴³

Scientists have differing theories regarding COVID-19's origins, from a natural outbreak with or without an intermediate animal host to the lab-origin thesis. Questions linger about whether the virus may have inadvertently escaped from the Wuhan Institute of Virology (WIV), a Chinese institute researching bat-derived coronaviruses, or potentially from another Chinese lab conducting similar research. Prior to the COVID-19 outbreak, WIV had substandard safety protocols, according to a 2018 U.S. Department of State communique.⁴⁴ In early 2021, then-Secretary of State Mike Pompeo went further, claiming the U.S. government had reason to believe that several WIV researchers became sick in the autumn of 2019 with symptoms consistent with COVID-19.⁴⁵

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38. Yanzhong Huang, "China's Response to the 2014 Ebola Outbreak in West Africa," *Global Challenges*, January 30, 2017, Volume 1, Issue 2, pages 1600001-1600002. (<https://onlinelibrary.wiley.com/doi/full/10.1002/gch2.201600001>)

39. Adam Kamradt-Scott, Sophie Harman, Clare Wenham, and Frank Smith III, "Saving Lives: The Civil-Military Response to the 2014 Ebola Outbreak in West Africa," *The University of Sydney*, October 2015, page 26. (https://ses.library.usyd.edu.au/bitstream/handle/2123/15949/SavingLives%20%28pdf_final%29.pdf?sequence=2&isAllowed=y)

40. Lavinia Lin, Brian J. Hall, Levina Chandra Khoe, and Adams B. Bodo, "Ebola Outbreak: From the Perspective of African Migrants in China," *American Journal of Public Health*, Volume 105, Number 5, 2015, page e5. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4386537/>); Yanzhong Huang, "China's Response to the 2014 Ebola Outbreak in West Africa," *Global Challenges*, January 30, 2017, Volume 1, Issue 2, page 1600001. (<https://onlinelibrary.wiley.com/doi/full/10.1002/gch2.201600001>); U.S. Centers for Disease Control and Prevention, "Ebola (Ebola Virus Disease): Transmission," January 14, 2021. (<https://www.cdc.gov/vhf/ebola/transmission/index.html>)

41. James T. Areddy, "China's Anti-Ebola Plan Hits Youth Olympics," *The Wall Street Journal*, August 16, 2014. (<https://www.wsj.com/articles/chinas-anti-ebola-plan-hits-youth-olympics-1408182271>)

42. Tony Ubani, "Ebola: China quarantines Nigerian athletes at Youth Olympics," *Vanguard*, August 13, 2014. (<https://www.vanguardngr.com/2014/08/ebola-china-quarantines-nigerian-athletes-youth-olympics>)

43. Janis Mackey Frayer and Alexander Smith, "Trump's gone, but China, U.S. still at odds over WHO Covid report," *NBC News*, February 16, 2021. (<https://www.nbcnews.com/news/world/trump-s-gone-china-u-s-still-odds-over-who-n1257968>)

44. John Hudson and Nate Jones, "State Department releases cable that launched claims that coronavirus escaped from Chinese lab," *The Washington Post*, July 17, 2020. (https://www.washingtonpost.com/national-security/state-department-releases-cable-that-launched-claims-that-coronavirus-escaped-from-chinese-lab/2020/07/17/63deae58-c861-11ea-a9d3-74640f25b953_story.html)

45. U.S. Department of State, Office of the Spokesperson, Fact Sheet, "Fact Sheet: Activity at the Wuhan Institute of Virology," January 15, 2021. (<https://2017-2021.state.gov/fact-sheet-activity-at-the-wuhan-institute-of-virology/index.html>)

Though the lab leak theory remains unverified, Chinese laboratories had at least two prior safety lapses. In one instance, the WHO confirmed that breaches of safety protocols at a top Chinese virology laboratory were the probable cause of secondary SARS outbreaks in China from 2004 to 2005.⁴⁶ The Biden administration recently raised concerns about China's lack of transparency as well as Beijing's unsubstantiated narrative that COVID-19 originated outside of China.⁴⁷

Just as the Chinese government acknowledged the 2002–2003 SARS outbreak only after an unauthorized media disclosure from a Chinese physician, similar circumstances surrounded the outbreak of COVID-19. Dr. Li Wenliang, who lived and worked in Wuhan, issued one of the first known social media warnings about the deadly and highly transmissible nature of COVID-19. These warnings contradicted statements from Chinese authorities about the severity of the outbreak in Wuhan. Li was subsequently summoned by Chinese authorities and forced to sign a letter admitting to “making false comments” that “severely disturbed the social order.”⁴⁸ Li later died from COVID-19 after contracting the virus from one of his hospital patients.

Consistent with China's previous response, an interim WHO investigation into the COVID-19 outbreak determined that “local and national health authorities in China” could have applied public health containment measures “more forcefully” in early January 2020, when there was clear evidence of a viral outbreak.⁴⁹ It was not until late January, after more than 200 confirmed deaths and 9,800 infections, that the WHO declared a PHEIC.⁵⁰ The interim investigation also highlighted the WHO's inability to “validate reports of disease outbreaks for their pandemic potential” and the organization's “gravely limited” ability to deploy support and containment resources to outbreak locations in China without Beijing's consent. The investigators also expressed “deep concern” over the WHO's failure to enact reforms despite previous warnings (following SARS and Ebola), charging that the organization's failure had left the world “dangerously exposed.”⁵¹

Lastly, in a move reminiscent of its efforts to downplay SARS, the Chinese government's COVID-19 response included an extensive, multi-pronged disinformation campaign.⁵² For example, leaked Chinese government emails sourced to the Hubei Provincial Center for Disease Control and Prevention revealed that Chinese government officials provided the WHO and other countries with manipulated datasets to conceal evidence of spiraling caseloads

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46. Jane Parry, “Breaches of safety regulations are probable cause of recent SARS outbreak, WHO says,” *The BMJ*, Volume 328, Number 7450, May 22, 2004, page 1222. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC416634>); Dennis Normile, “Mounting Lab Accidents Raise SARS Fears,” *American Association for the Advancement of Science*, Volume 304, Number 5681, pages 659–661. (<https://science.sciencemag.org/content/304/5671/659>); <https://www.the-scientist.com/news-analysis/sars-escaped-beijing-lab-twice-50137>)

47. The White House, Press Statement, “Statement by National Security Advisor Jake Sullivan,” February 13, 2021. (<https://www.whitehouse.gov/briefing-room/statements-releases/2021/02/13/statement-by-national-security-advisor-jake-sullivan>)

48. “Li Wenliang: Coronavirus kills Chinese whistleblower doctor,” *BBC News* (UK), February 7, 2020. (<https://www.bbc.com/news/world-asia-china-51403795>)

49. “Second report on progress,” *Independent Panel for the Pandemic Preparedness and Response*, January 2021, page 17. (https://theindependentpanel.org/wp-content/uploads/2021/01/Independent-Panel_Second-Report-on-Progress_Final-15-Jan-2021.pdf)

50. World Health Organization, “Listings of WHO's response to COVID-19,” June 29, 2020. (<https://www.who.int/news/item/29-06-2020-covidtimeline>)

51. “Second report on progress,” *Independent Panel for the Pandemic Preparedness and Response*, January 2021, page 14. (https://theindependentpanel.org/wp-content/uploads/2021/01/Independent-Panel_Second-Report-on-Progress_Final-15-Jan-2021.pdf)

52. “Coronavirus cover-ups, disinformation, netizen pushback,” *China Media Bulletin* 143, *Freedom House*, April 2020. (<https://freedomhouse.org/report/china-media-bulletin/2020/coronavirus-cover-ups-disinformation-netizen-pushback-april-2020>)

throughout the province.⁵³ To combat emerging awareness of CCP disinformation, the Chinese government's State Council released a white paper claiming that Beijing had published all information related to the pandemic in a "timely, open, and transparent fashion."⁵⁴

Subsequent third-party investigations have revealed that China also used its growing presence on Western social media to spread stories suggesting the United States created COVID-19 as a bioweapon.⁵⁵ In support of these and other messaging efforts, China leaned on Russian disinformation strategies and infrastructure, with established Kremlin proxies seeding conspiracy theories that were subsequently further spread from Russia and Iran. These and other efforts appear designed to limit information about the pandemic at its onset; to neutralize social media criticism about the Chinese government's failures; and to propagate false claims that the virus originated in other countries or was the result of research overseen by the U.S. government.

MORE MISSION AND MONEY OFTEN LEAD TO MORE PROBLEMS

The WHO has other shortcomings, tied to longstanding structural, governance, and prioritization deficiencies. A senior WHO official described the organization in 2014 as "one of the most complex organizations that exists."⁵⁶ Reform efforts have been ongoing for more than a decade, although these efforts have not led to any observable leap in performance.⁵⁷

Over the years, the WHO has been accused of rampant wasteful spending. For example, according to documents obtained by the Associated Press in 2019,⁵⁸ the WHO routinely spent more than \$200 million a year on travel expenses, more than what it spent on combating HIV/AIDS (\$71 million), tuberculosis (\$59 million), and malaria (\$61 million) combined. Even more concerning, that Associated Press investigation revealed that former WHO Director-General Dr. Margaret Chan and other senior WHO officials routinely used WHO accounts to fly first class and stay in luxury hotels around the world, many costing more than \$1,000 per night.

Other WHO reform challenges stem from its sprawling yet vague mandate, which has expanded in recent years to include the wholesale mobilization of resources in response to an ever-growing list of public health challenges, rather than a more tailored focus on pandemic surveillance and other core functions, such as providing technical advice and establishing technical norms. Over the years, these and other concerns have been raised by several expert reports and panels advocating wholesale WHO reform, including the Harvard-LSHTM report on Ebola, which stressed the need for improved organizational accountability. The concerns include:

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53. Nick Paton Walsh, "The Wuhan files: Leaked documents reveal China's mishandling of the early stages of Covid-19," *CNN*, December 1, 2020. (<https://www.cnn.com/2020/11/30/asia/wuhan-china-covid-intl/index.html>)

54. National Health Commission of the People's Republic of China, "China publishes white paper on fight against COVID-19 (full text)," June 8, 2020. (http://en.nhc.gov.cn/2020-06/08/c_80724.htm)

55. Erika Kinetz, "Anatomy of a conspiracy: With COVID, China took a leading role," *Associated Press*, February 15, 2021. (<https://apnews.com/article/pandemics-beijing-only-on-ap-epidemics-media-122b73e134b780919cc1808f3f6f16e8>)

56. Charles Clift, "What's the World Health Organization for? Final Report from the Centre on Global Health Security Working Group on Health Governance," *Chatham House*, May 21, 2014, page vi. (https://www.chathamhouse.org/sites/default/files/field/field_document/20140521WHOHealthGovernanceClift.pdf)

57. Francesco Checchi et al., "World Health Organization and emergency health: if not now, when?" *The BMJ*, Volume 352, Number i469, January 28, 2016, pages 1–8. (<https://www.bmj.com/content/352/bmj.i469>)

58. Maria Cheng, "AP Exclusive: Health agency spends more on travel than AIDS," *Associated Press*, May 22, 2017. (<https://apnews.com/article/1cf4791dc5c14b9299e0f532c75f63b2>)

- The WHO has a history of prioritizing political over technical considerations. This issue is closely tied to the unresolved tension between the WHO’s conflicting mandates of supporting governments and responding to global health crises, particularly when a government is a party to a conflict or is obstructing the response.⁵⁹
- The WHO lacks a merit-based bureaucracy that prioritizes crisis-response competencies. Notably, WHO staff management is often constrained by the short-term duration of WHO staff contracts, many of which are filled through informal political appointments.⁶⁰
- The WHO lacks an internal monitoring and evaluation framework. The absence of these accountability structures is often seen as limiting incentives to evaluate objectively the WHO’s performance and/or tackle persistent underperformance.⁶¹
- The WHO lacks transparency. In one documented case in May 2015, the WHO self-censored a report critical of its handling of Ebola, replacing the report with a heavily sanitized version within hours of its initial publication.⁶²

The WHO’s vague mandate and ever-expanding programming has also rendered the organization dependent on voluntary contributions, which account for nearly three-quarters of its financing, to make up for its budget deficits. The WHO’s ability to continuously raise funds from individual donors has allowed the organization to avoid difficult discussions about its expansive scope, including whether certain programs should be reined in or terminated altogether.

The WHO’s reliance on voluntary contributions has also allowed certain countries such as China to leverage the UN body to buttress their global ambitions. For example, even though China’s voluntary contributions pale in comparison to the United States, Beijing has wielded timely WHO donation announcements to amplify its messaging that the United States is an unreliable partner. Such moves were on full display in April 2020, after the Trump administration announced its plans to freeze the U.S. government’s WHO funding. In turn, China pledged an additional \$50 million to help maintain some of the organization’s existing operations, which could have been terminated on account of the unexpected budget deficit.⁶³

STEPS TO REFORM THE WHO AND ADDRESS CHINESE MALIGN BEHAVIOR

The Biden administration’s decision to remain in the WHO provides a potential platform to advocate for improved global health standards, increased accountability for rogue WHO member states, and keeping the

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59. Francesco Checchi et al., “World Health Organization and emergency health: if not now, when?” *The BMJ*, Volume 352, Number i469, January 28, 2016, pages 1–8. (<https://www.bmj.com/content/352/bmj.i469>)

60. Lawrence O. Gostin, “The Future of the World Health Organization: Lessons Learned From Ebola,” *The Milbank Quarterly*, Volume 93, September 8, 2015, pages 475–479. (<https://onlinelibrary.wiley.com/doi/full/10.1111/1468-0009.12134>)

61. Y.S. Andrew Tan and Johan von Schreeb, “Humanitarian assistance and accountability: what are we really talking about?” *Prehospital and Disaster Medicine*, Volume 30, Number 3, March 18, 2015, pages 264–270. (<https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/article/abs/humanitarian-assistance-and-accountability-what-are-we-really-talking-about/DE94AA4194501500D334547C8262F560>); Tine Hanrieder, “The path-dependent design of international organizations: Federalism in the World Health Organization,” *European Journal of International Relations*, Volume 21, Issue 1, May 30, 2014, pages 215–239. (<https://journals.sagepub.com/doi/10.1177/1354066114530011>)

62. Sarah Boseley, “How WHO revised its self-criticism over Ebola handling,” *The Guardian* (UK), April 20, 2015. (<https://www.theguardian.com/society/sarah-boseley-global-health/2015/apr/20/how-who-revised-its-self-criticism-over-ebola-handling>)

63. Rosie Perper, “China is injecting millions into WHO as the US cuts funds. Experts say Beijing is trying to boost its influence over the agency and its ‘deeply compromised’ chief.” *Business Insider*, April 24, 2020. (<https://www.businessinsider.com/china-who-multimillion-dollar-contribution-political-power-move-2020-4>)

organization focused on its original mandate. Yet engagement for engagement's sake will not prevent the next global pandemic, let alone reform the WHO, which for years has resisted accountability and transparency.

Washington and other foreign capitals generally agree about the need to address the WHO's deficiencies. Organizational streamlining is also possible as a result of the emergence of powerful Western stakeholders that already play a major role in guiding the technical and implementation aspects of global health. These stakeholders include The Global Fund for AIDS, Tuberculosis and Malaria; the GAVI Alliance; the Bill and Melinda Gates Foundation; and the World Bank. At a minimum, meaningful WHO reform should include the following:

Renegotiating the IHR and Establishing Global Health Sanctions: The WHO's inability to hold countries such as China accountable for noncompliance with global health standards is largely the result of the organization's lack of enforcement tools. While WHO member states are signatories to the IHR, the WHO and United Nations currently have no legal means to enforce the IHR,⁶⁴ including the requirement that countries immediately report PHEICs.⁶⁵ This need not be the case. Other international organizations can impose fines, penalties, and even sanctions when members violate established rules or norms. While imperfect, such tools can serve as important models for measures the WHO could use during a health crisis both to compel stakeholder compliance and to raise awareness about emergencies. In addition to multilateral sanctions or penalties, the Group of Seven should evaluate the feasibility of coordinated unilateral health sanctions targeting rogue regimes assessed to be in noncompliance with the IHR. These sanctions could apply when a country refuses to provide the WHO with data about an outbreak or is later assessed to have withheld such information from the WHO. Additional research on this issue will likely yield potential best practices for the WHO and/or its member states as well as potential legal mechanisms to underpin such initiatives.

Narrowing the WHO's Mandate and Outsourcing Some Activities to Other Stakeholders: The WHO's mandate must be clarified and more narrowly defined. The WHO was never intended to be an implementer of global health activities and has thus strayed too far from its original mandate to be effective.⁶⁶ The WHO's constitution underscores its role in coordinating, collaborating, and promoting global health cooperation – not in overseeing its execution.⁶⁷ The WHO should therefore outsource much of its non-pandemic programming to other entities,⁶⁸ thus allowing the WHO to focus on its core functions.⁶⁹ The WHO's Collaborating Centres, which leverage international networks to support on-the-ground programming, represent an existing model to outsource programs to outside experts for accountable implementation.

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64. Ilona Kickbusch, "COVID-19 Is Smoke and Mirrors—What Matters Is International Law," *Think Global Health*, April 15, 2020. (<https://www.thinkglobalhealth.org/article/covid-19-smoke-and-mirrors-what-matters-international-law>)

65. World Health Organization, "Strengthening health security by implementing the International Health Regulations (2005)," accessed March 31, 2021. (<https://www.who.int/ihr/procedures/pheic/en>)

66. Ranu S. Dhillon, "The future of WHO: outsourcing?" *The Lancet*, Volume 385, Issue 9973, March 21, 2015, page 1070. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60594-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60594-3/fulltext))

67. Tine Hanrieder, "WHO orchestrates? Coping with competitors in global health," *International Organizations as Orchestrators*, Eds. Kenneth W. Abbott, Philipp Genschel, Duncan Snidal, and Bernhard Zangl (Cambridge, UK: Cambridge University Press, 2015), pages 191–213.

68. *International Organizations as Orchestrators*, Eds. Kenneth W. Abbott, Philipp Genschel, Duncan Snidal, and Bernhard Zangl (Cambridge, UK: Cambridge University Press, 2015).

69. Julio Frenk and Suerie Moon, "Governance Challenges in Global Health," *The New England Journal of Medicine*, Volume 368, Issue 10, March 7, 2013, pages 936–942. (<https://www.nejm.org/doi/full/10.1056/NEJMra1109339>)

Earmarking Funds to Catalyze Institutional Reform: Attempts to reform the WHO have limped along since 2010. Surprisingly, member states have rarely leveraged their financial contributions to promote top-to-bottom institutional change. Since member states are able to earmark their contributions to fund specific programs, they are well-positioned to exercise greater control over the WHO’s scope of work even without organizational buy-in. The United States, as the WHO’s top funder, is uniquely positioned in this regard. Presently, the United States provides voluntary contributions to the WHO totaling hundreds of millions of dollars. Washington disburses these funds through several accounts, including the Department of Health and Human Services/CDC’s Global Health account and the State Department’s Migration and Refugees account. While Congress appropriates these funds, the executive branch determines how to allocate them based on global health needs and U.S. policy priorities.⁷⁰ Going forward, Congress, with support from relevant public and private stakeholders, could direct how WHO appropriations should be allocated by the executive branch. Aligning these earmarking efforts with those of U.S. allies, such as the United Kingdom, Australia, and Japan, would significantly increase the likelihood of change and could lead other member states to follow suit.

Seeking an Independent Investigation Into COVID-19: Similar to the United Nations’ efforts to uncover widespread fraud in the Iraq Oil-for-Food Program (OIP), the United Nations must establish an independent panel to investigate the WHO’s COVID-19 response as well as Beijing’s violations of its IHR obligations. Such an investigation could be led by the UN Office of Internal Oversight Services (OIOS), which helped uncover corruption among UN officials, personnel, agents, and contractors involved in the OIP. Owing to its operational independence, OIOS has the authority to investigate and report on any action as it sees fit, without approval from the UN secretary-general or the General Assembly. To date, the United States has not called for an investigation.

Installing New WHO Leadership and Instituting Employee Accountability: Re-establishing the WHO’s credibility will require new leadership at its senior levels. Due to outstanding concerns regarding WHO Director-General Tedros’ objectivity and perceived deference to Beijing, the United States, in concert with likeminded partners, should lobby publicly and privately for Tedros to resign for the betterment of the organization. Those efforts should also include searching for a suitable replacement for consideration by the WHO’s Executive Board. Other WHO officials should also be held to account for the organization’s botched pandemic response, including its efforts to downplay initial reports about COVID-19 stemming from Chinese pressure.⁷¹ Instituting improved staff accountability throughout the WHO’s sprawling bureaucracy, in keeping with findings from previous panels,⁷² will also be important.

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70. U.S. Department of State, “U.S. Contributions to International Organizations,” accessed March 31, 2021. (<https://www.state.gov/u-s-contributions-to-international-organizations>)

71. Patrice Taddonio, “In Public, the World Health Organization Praised China’s Early COVID Response. In Private, They Had Concerns.” *Frontline*, January 26, 2021. (<https://www.pbs.org/wgbh/frontline/article/in-public-the-world-health-organization-praised-chinas-early-covid-response-in-private-they-had-concerns>)

72. World Health Organization, “Report of the Ebola Interim Assessment Panel,” July 2015. (<https://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf>)

Reinstating Taiwan's Observer Status: Taiwan's continued exclusion from the WHO is a clear example of how the organization has prioritized politics over public health.⁷³ Taiwan has not been invited to the WHA's annual policy-setting assembly since Taipei participated as a non-voting observer from 2009 to 2016,⁷⁴ a period of relatively warm ties between China and Taiwan. In the intervening years, the situation in the Taiwan Strait has changed dramatically, as evidenced by China's increasingly belligerent actions towards the democratically elected government in Taipei. Such moves have occurred in parallel with China's draconian crackdowns in Hong Kong and documented human rights atrocities in Xinjiang province. Considering Taipei's exemplary COVID-19 response, the Biden administration should maintain longstanding, bipartisan demands that Taiwan's observer status be reinstated, a decision that resides solely with the director-general. Beyond advancing U.S. policies aimed at neutralizing China's efforts to co-opt other UN bodies, such a move would also signify an important step toward discarding, once and for all, Beijing's erroneous argument that UN General Assembly Resolution 2758 forbids higher-level Taiwanese participation at the United Nations.⁷⁵

The anniversary of the first COVID-19 lockdowns came and went, and yet the world remains no closer to understanding the virus' true origins. Nor is the WHO positioned to respond more effectively to the next global pandemic, which may be only years, not decades, away. Chinese authorities have actively obstructed the investigation into COVID-19's origins and deserve ample condemnation for putting global health at risk. Yet the WHO also bears substantial responsibility for the current impasse. It has resisted multiple efforts to implement reforms after previous failures to deal effectively with outbreaks of infectious diseases, including SARS and Ebola. Nor does the WHO's current leadership appear capable of standing up to member states such as China that undermine its work. Finally, the United States bears some responsibility for the WHO's flawed performance, since Washington has donated billions of taxpayer dollars to the organization without demanding any accountability in return. After the devastation wrought by COVID-19, continued engagement without a serious campaign for WHO reform would be nothing short of diplomatic malpractice.

FDD values diversity of opinions and the independent views of scholars, fellows, and board members. The views of the author do not necessarily reflect the views of FDD, its staff, or advisors.

73. "Taiwan excluded from WHO assembly for 4th yr due to China's objection," *Kyodo News* (Japan), November 10, 2020. (<https://english.kyodonews.net/news/2020/11/39a6ddeb96d4-update1-taiwan-excluded-from-who-assembly-for-4th-yr-due-to-chinas-objection.html>)

74. Jess Macy Yu, "Taiwan blames China for absence from U.N. health meeting," *Reuters*, May 8, 2018. (<https://www.reuters.com/article/us-taiwan-china-health/taiwan-blames-china-for-absence-from-u-n-health-meeting-idUSKBN1I90J0>)

75. Leo Chang and Alan H. Yang, "The One China Policy Cannot Continue to Supercede Fundamental Human Rights," *Taiwan Insight*, November 18, 2020. (<https://taiwaninsight.org/2020/11/18/the-one-china-policy-cannot-continue-to-supercede-fundamental-human-rights>)