COVID-19: India and the World

The emergence of COVID-19 has turned into a cataclysm with prodigious repercussions on life and livelihood. As pandemic preparedness is recognized as a pivotal part of disaster preparedness systems at the national and international arena, globally it took a few weeks to acclimatize with the attributes of what was unfolding gravely. Timely interventions by the World Health Organization and other international partners have resulted in a coordinated public health response driven by real-time, reliable and actionable outcomes. The pandemic has propelled the world into an economically paralyzed state jutted out with unemployment and debts. The book, "COVID-19: India and the World" incarnates the pandemic trajectories and responses in India and the world. This book is useful for academicians, policy makers, scholars, researchers, public health professionals and people involved in pandemic research and excogitations.

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Chapter 7

GLOBAL HEALTH GOVERNANCE IN MANAGING COVID-19 PANDEMIC: ISSUES AND CHALLENGES

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ABSTRACT

The pandemic of COVID-19 has created unprecedented global health challenges for both developed and developing countries. It questioned the role played by the WHO in global health governance (GHG) by pointing out its weaknesses. Global dimensions of health governance are increasingly becoming significant in a globalized world. Besides, many health problems are global issues. Health governance has to ensure adequate infrastructure and human resources for achieving health care in every country. The WHO as a specialized agency of the UN has done credible work in the past to control various diseases such as TB, Malaria, AIDS, SARS, and others but since the beginning of the COVID-19 pandemic the WHO became the target of criticism mainly for being failed to provide global health leadership. It is not only the WHO but many nation-states to be equally responsible who decided to work on vaccines independently rather than working together. The pandemic of this scale and nature cannot be fought without international cooperation. Health diplomacy is a means of strengthening international cooperation to manage the problem of

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the COVID-19 pandemic. The effectiveness of the collective response of the various countries to deal with problems of the COVID-19 Pandemic can be strengthened by global health governance. Therefore, understanding the GHG in the context of the COVID-19 pandemic is pertinent. The purpose of this paper is to review the effectiveness of the GHG in terms of performance in handling the COVID-19 pandemic with an emphasis on investigating the role of the WHO in managing global health emergencies and facing challenges.

Keywords: Global Governance, Global Health Governance, Global Health Disparities, Health Security, International Cooperation

Introduction

The world had never experienced such a massive disruption in the lives of people before the pandemic of COVID-19. The pandemic has not only affected public health but also disrupted the normal way of life and economy to a great extent. It disrupted social, economic and political life, causing a challenge to Global Health Governance (GHG). It has revealed vulnerabilities in the global community's response to virus outbreaks (Sharma et al, 2020, 597). It has exposed countries inability to deal with such health hazards and the unpreparedness of the world to deal with such a pandemic. The only global health body, the World Health Organization (WHO), as a specialized agency of the UN, could have provided effective leadership when the world needed it the most, but was criticized for its biased approach or policy. The WHO was also weakened by distrust and a lack of cooperation among the member countries, especially between   the United States (US) and China.

Ever since China informed the WHO of the cases of pneumonia caused by an unknown virus on 31st December, 2019 the world had witnessed unprecedented events caused by the virus. Within no time, the virus had spread to almost all countries of the world with number of cases reaching new heights. On 30th January, 2020 the WHO declared the outbreak of novel Coronavirus as

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a Public Health Emergency of International Concern (PHEIC). By that time it had already spread to 18 countries, affecting 7834 people and causing 170 human casualties (Kupfurschmidt 2020). The declaration of Coronavirus disease as a health emergency by the WHO member states was almost a unanimous decision. The major concern behind the declaration of a health emergency was the spread of the virus to other countries especially countries with weaker public health systems. Most of the public health experts applauded the move of the WHO.

Role of WHO

The WHO dealt with a number of potential epidemics in 2004 and early 2005, including avian influenza, cholera in Africa, yellow fever in Africa and Latin America, and Ebola hemorrhagic fever in Africa which caused death in 50 to 90 percent of all cases (Mansbach & Raffertey 2008, 631). SARS, H1N1, Ebola created new challenges for the WHO. These diseases were the by-product of globalization, with the potential to disrupting the social life of the people as well as the economies of the affected countries. The new diseases demanded the change in the role of the WHO in the GHG. The official document of the WHO (2013) declares that, WHO's role in the GHG is to act as "the directing and coordinating authority on international health work". The International Health Regulations (IHRs) 2005, gives additional power to WHO over its member countries. By adopting the IHR in the aftermath of SARS, WHO member states gave the WHO unprecedented authority vis-à-vis state sovereignty and expanded the need for WHO's scientific, medical, and public health capabilities (Fidler 2020). The WHO can also recommend travel restrictions but has little power to enforce them. It also has the power to mobilize resources to fight the pandemic.

The role of WHO has been questioned in the context of the current pandemic. Two factors that led to the WHO's failure were its disease surveillance and response coordination (Suri 2020). It was criticized for the

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delay in declaring COVID-19 as a pandemic. The WHO declared COVID-19 as a pandemic on March 11, 2020 when the virus had already affected 118319 people globally and caused 4292 deaths (WHO 2020a). The WHO was also criticized for acting under the pressure of China and the most vocal critique of this allegation was made by the US. The WHO's performance, however, has been marred by its pandering to China in its fact-finding report and its unwitting dissemination of Chinese misinformation regarding the risk the disease poses (Hatuel-Radoshitzky and Heistein 2020, 12). In the words of Yanel (2020, 28)
 China has a responsibility to fully explain the virus's origin and why measures were delayed. It has made efforts to provide data and assistance to several countries, but if it wants to restore its global image, it should be completely transparent. Two contagious diseases have now emerged from China in less than two decades. It needs to change its habits and enforce more stringent hygiene measures.

There were claims that the WHO turned a blind eye to China's dissembling about the virus outbreak, which suggests that WHO failed to act on information it had from other sources (Fidler 2020). There were questions over, when China was not prompt in alerting the WHO about an outbreak of the COVID-19 pandemic in Wuhan, why there was no timely response by the global health body to investigate the origin of the virus and alert all member states by giving broader guidelines since it was a global problem. The WHO was also criticized for failing to act on the information it had from other sources, including the failure to share that information with other countries (Fidler 2020). Due to the rapid spread of the virus among the countries of the world, the demand for investigating the origin of the virus has become increasingly important. 'Efforts began in February 2020 but it was only in early August 2020 that WHO completed the mission to lay the groundwork for joint efforts to identify the origin; its two-member team did not visit Wuhan, the epicentre of the outbreak' (The Hindu 2020a). The pandemic has exposed the crisis of confidence in the institutions expected to guide international action and cooperation (Turianskyi et al., 2020, 23).

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Although there were no evidences many including the Trump administration suspected that the virus was leaked from the Wuhan Institute of Virology. The US blamed WHO for failing to provide timely and accurate information on COVID-19 and abetting China in covering up key developments. Accusing the WHO of not handling the COVID-19 pandemic in the interest of all member states and implicitly or explicitly favouring China, the US announced its decision in May 2020 to withdraw from the WHO. The US withdrawal from the WHO was regarded as a setback and it would have weakened the WHO to a considerable extent in dealing with the pandemic. The US, is the largest financial contributor to the WHO. The US contributed US$853 million to the WHO in the year 2018-19 (WHO 2018-19). Without the presence of the US scientists in the WHO and also in the Outbreak Response Team that visited Wuhan, the WHO would have been deprived of the service of the health intelligence, which would have compromised the country's response to international disease outbreaks (The Hindu 2020b). But soon after Joe Biden was sworn in as the 46th President of the US, he signed an executive order reversing Donald Trump's decision to withdraw from WHO.

The WHO as the institution equipped to manage the health issues worldwide depends on its strength and support of its members. The COVID-19 crisis reinforced the geopolitical competition between the two largest economic and political superpowers of the world (Hummings 2020, 1) which challenged the role of the WHO as global health leader.

Global Governance

At the international level, scholars have used the term "governance" to denote the regulations of interdependent relations in the absence of overarching political authority (United Nations 2014, 3). Global governance has been viewed primarily as an inter-governmental relationship, but it also involves non-governmental organizations (NGOs), citizens' movements, multinational corporations, and the global capital market (Narlikar 2012, 247). It refers to the

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regulation or controlling the affairs of the world. Global governance includes all the institutions, regimes, processes, partnerships, and networks that contribute to collective action and problem-solving at the international level (The European Union Institute for Social Security 2010, 17 & 20) It encompasses the totality of institutions, policies, norms, procedures and initiatives through which States and their citizens try to bring more predictability, stability and order and their responses to transnational challenges. Effective global governance can only be achieved with effective international cooperation (United Nations 2014, 3). Thus, global governance involves activities of both the public and private at the international, national, and regional levels that transcend national boundaries.

Global Health Governance (GHG)

GHG is a self-regulatory mechanism without government. The idea of GHG originated in the negotiation among the countries to protect and promote the health of people in the world. The initial emphasis was on communicable diseases. More concrete measures were adopted later through international institutions and agreements, more specifically with the establishment of the WHO. Health governance implies, 'the use of formal and informal institutions, rules and processes by states, intergovernmental organizations, and non-state actors to deal with challenges to health that require cross-border collective action to address effectively' (WHO 2013). Health governance is no longer the exclusive domain of nation-states. The state, the government, and non-governmental organizations play a crucial role in the decisions over health.

The report by the Director-General of the WHO (2013) looks at WHO's role in health governance from three aspects, positioning and promoting health, health governance and WHO's strategic priorities, and health governance and WHO's reforms. Universal health coverage, capacity building in countries and health security have become some of the strategic priorities of the WHO. In the 132nd session of the Executive Board of the WHO (2013), Universal Health Coverage is identified as the new priority of the WHO. Universal Health

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Coverage combines two components access to services (promotion, prevention, treatment, and rehabilitation) needed to achieve good health; with financial protection that prevents ill-health from leading to poverty (WHO 2013, 5). The eight Millennium Development Goals (MDGs) affirmed health as a focal point of global governance (Fidler 2010, 7).

The lives and livelihoods of the overwhelming majority of people on this planet are at greater risk from the diseases than from war, terrorism, or other forms of violent conflicts (MacInnes 2008, 275). Hence, dealing with health problems has become more important than the conflicts in the contemporary world. A disease was viewed as an exogenous threat that had to be dealt with using international cooperation and the introduction of internationally agreed health regulations (MacInnes 2008, 275). Multilateralism has become increasingly important in dealing with health problems in the age of globalization. The effectiveness of the GHG is imperative in order to deal with complex problems like COVID-19 pandemic.

Global South

In terms of representing the global south's aspirations in the GHG, the perspectives of the global south do not receive adequate attention. In view of this, the WHO has a greater responsibility to ensure representation of hopes and aspirations of the global south countries in terms of protecting and promoting their health security. Disparities of access to health care in terms of doctors, health workers, and infrastructure in the global north and the global south countries are manifested in different forms. Goldstein (2004, 475) writes, around 75 percent of the world's population in the south has about 30 percent of the world's doctors and nurses while as per the WHO report less than 5 percent of global medical research expenditure are directed at problems in developing countries.

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Besides, inequality is manifested in producing knowledge. According to the World Social Science Report (UNESCO 2016), there is too little attention to the overlapping inequalities that go beyond income and wealth, such as health, knowledge, and gender. Secondly, the report shows that the focus of social science research on inequality tends to be concentrated in the countries of the North, where a reliable knowledge base already exists to the detriment of the countries of the Global South without similarly robust data. Over 80 percent of publications on inequalities originate in the North (UNESCO 2016, 3).

Global Health Disparities

Health disparities are visible in the health expenditure of countries. As per the WHO report on 'Global Health Spending in Transition' (2019), health spending by high-income countries continues to represent the largest share of global spending (81 per cent) despite covering only 16 per cent of the world's population, down from 87 per cent in 2000 (WHO 2019, 6). The report also points out that, although middle and upper-middle-income countries have increased their health expenditure as a share of GDP, large inequalities across countries remain. 'For low-income countries, health spending was only US$41 a person in 2017, compared with US$2,937 in high-income countries – a difference of more than 70 times' (WHO 2019, 7).

Disparities in health professionals are also visible among the countries of the world (Table1 and 2). Due to the pandemic of COVID-19, countries realized the need for health professionals. An adequate number of health professionals is crucial while responding to health emergencies. Recognizing the need for millions of health professionals, who respond to both emergencies and everyday needs, the World Health Assembly designated 2020 as the year of the Nurse and Midwife (WHO 2020b).

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Table 1: Number of People for Every Single Medical Doctor

Africa -	3324
Eastern Mediterranean-	989
South-East Asia-	1239
Western Pacific-	533
Europe-	293
America -	417

Source: WHO (2020b), *World Health Statistics: A Visual Summary*

Table 2: Number of People for Every Single Nurse/midwife

Africa	985
Eastern Mediterranean	559
South-East Asia	690
Western Pacific	275
Europe	123
America	120

Source: WHO (2020b), *World Health Statistics: A Visual Summary*

Global Health Security

Thinking about redefining the concept of security began in the 1990s. Human security has been becoming as important as territorial security. According to Human Development Report 1994, there are seven dimensions of human security- economic, food, health, environmental, personal, community, and political security (UNDP 1994, 24-25).

Following the September 11 terrorist attacks in 2001 and the mailing of anthrax spores in the USA later that same year, the possibility of a major terrorist attack using biological or chemical weapons has loomed large in the minds of Western security analysts (McInnes 2008, 282). Moreover, the use of biological weapons by Iraq against its Kurdish population in 1988, the attempt

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by followers of Rajneesh Bhagwan to spread salmonella in the USA, and the attack on the Tokyo subway using sarin by the Aum Shinrikyo cult in 1995, suggested a willingness to use such weapons (McInnes 2008, 282). In 2017, US nuclear biologist Richard H. Ebright claimed that the SARS virus of 2003 resulted from a leak at a Chinese laboratory and was also considered to be linked to China's biological warfare programme (Parikh et. al, 2000, 161).

After the Second World War, health was considered more as a human rights issue rather than a security issue. Global health was not on the UN Security Council agenda because it was not regarded as a hard security threat. With the spread of infectious disease of HIV/AIDS, health became a part of the security agenda. The WHO's former Director-General, Brundtland emphasized the changing nature of public health in a globalized world, and during her tenure the WHO coined the term 'global health security' (McInnes 2008, 277). The pandemic of COVID-19, which apart from being a health challenge, had economic and social impacts as well. In this regard, the COVID-19 pandemic is not comparable to the seasonal flu or HIV/AIDS, which, although they caused a high number of deaths but still did not threaten the foundation of the state (Tardy 2020, 15). It exposed the dark side of access to the health care system. The pandemic has provided an opportunity to redefine global health security and the GHG, not only to include global, regional, and national health institutions but also other institutions such as non-state actors.

Ensuring global health security is an important component of GHG. The pandemic of COVID-19 brought to the fore the significance of global health security and its impact on the global economy and politics. By the end of April 2020, COVID-19 had killed roughly 70 times more people in Europe and North America than terrorism did between 2002 and 2018 (Tardy 2020, 14). The confrontation between the US and China due to the COVID-19 pandemic is acting as an impediment to building an effective GHG. Both national governments and international organizations are faulted for not paying enough attention to global health security. Yurgen and Kulik (2020, 20) viewed that, as

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the leading powers of the world failed to provide much-needed solidarity, non-state actors have an opportunity to take more responsibility. The pandemic of COVID-19 is a reminder that health security is critical to national security (Caballero-Anthony 2020, 43).

International cooperation

Health problems are becoming more global and intricate in a globalized world. Therefore, international cooperation is inevitable to manage such health problems. This involves collaboration and scientific cooperation among the member states of the WHO in regulating pandemics and other diseases. India's scientific partnership with the US is very strong. India is one of the top 25 international partners for the US National Science Foundation, with 46 collaborative projects funded in 2019 alone (Lakshman 2020). In addition to such bilateral scientific cooperation, multilateral cooperation plays a crucial role in managing pandemics in terms of data sharing and experience sharing. Science diplomacy is an important means of promoting scientific partnerships among various countries and for handling health problems like the COVID-19 pandemic. Other underlying challenges to the GHG include creating stronger and more resilient health systems at regional, national and global level (Turianskyi et al. 2020, 24).

The challenges to GHG

The importance of global governance and GHG has been acknowledged time and again and the need felt to manage the global problems more effectively. Since the outbreak of the COVID-19 pandemic, countries around the world are witnessing challenges to their health governance, especially in low-income countries. Though the crisis has been interpreted by few as an opportunity for a new beginning in the global collective development (Hein and Paschke 2020, 9) the challenges to the GHG cannot be neglected. These

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challenges to the GHG in turn affect the effectiveness of the WHO in dealing with the COVID-19 pandemic.

International disunion

Spain's foreign minister believes international disunion weakened the world's initial response to COVID-19 (Suri 2020). Internationally, mistrust among Western allies and "my country first" populism has led to pushback against multilateral coordination and resource-sharing in response to the Coronavirus outbreak, while, effective crisis responses were exacerbated by growing direct geopolitical conflicts that were already in motion (Bremmer 2020, 14).

SARS, H1N1 and Ebola exposed the lack of effective global governance for public health. 'One of the factors contributing to the successful containment of the 2014 West African Ebola outbreak was cohesive international relations and diplomacy, combined with military assistance' (Kevany et al, 2020, 5). The present pandemic of COVID- 19 reflects a global failure in transparency and coordination and calls for a strong response system (Suri 2020). The spread of COVID-19 appears to have further soured the already competitive power dynamics between the US and China, most poignantly demonstrated by the US insistence on referring to the COVID-19 as the Wuhan or Chinese virus and the Chinese government's propagating it as a baseless allegation (Hatuel-Radoshitzky and Heistein 2020, 11). The politicization of COVID-19 by the US and China for geo-political purposes did not augur well for the GHG. Apart from the US, some other countries also accused China for not providing necessary information. There was a global 'backlash building against China for its initial mishandling of the crisis that helped loose the Coronavirus on the world' (Erlanger 2020). One of the factors which led to this global outrage was China's close tie with Tedros, who was elected as the WHO Director-General in 2017 with the backing of China (Panth and Tirkey 2020, 32).

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The spread of disease is not confined to only one country. The spread of pandemics is very fast, as witnessed in the case of COVID-19. Pandemics cannot be managed by one country alone, requiring international cooperation to address the proliferation and complexity of pandemics in a globalized world. When there was a need for an united effort, the world has witnessed a breakdown of support within the European Union and even among the states of the US. Most emerging and developing countries have been left to fend for themselves (Yenel 2020, 26). The absence of global leadership in the face of a worldwide pandemic is difficult to fathom. International and regional organizations and forums such as the Group of Seven, the Group of Twenty, or the BRICS (Brazil, Russia, India, China, and South Africa) have all failed to rise to the challenge (Yenel 2020, 27). Countries should collaborate and participate to pool expertise, akin to establishing global corps of medical experts (Caballero-Anthony 2020, 44).

Access to vaccine

Lack of cooperation among the countries is evident over the vaccine issue. Vaccines were developed in record time, but the supply is not sufficient in many countries to meet their requirements. The spread of COVID-19 cases were so rapid that the countries in the world reported 16,58,67,554 cases (statista 2021) and 34,45,222 deaths (Statista 2021) as of May 21, 2021. Figure 1 shows the top ten countries in the world with the maximum number of COVID-19 cases and Figure 2 indicates the top ten countries where COVID-19 has caused the maximum deaths. Vaccine is a key to control the COVID-19 pandemic effectively.

The COVID-19 pandemic once again demonstrated the global disparities over vaccine development and supply. Vaccine is seen as a way to control the impact of the Coronavirus. The US not only declared to reserve vaccines for its citizens first and then supply them to other countries. 'Even before the end of final stage human trials or regulatory approval, several wealthier countries, like Britain, France, Germany and the US, have entered into pre-purchase

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agreements with the COVID-19 vaccine manufacturers, a development that has come to be known as "vaccine nationalism"'(De 2020). Because of these advanced purchases by rich countries, developing countries may face delay in administering even the first dose of vaccine. They have to wait until 2024 before fully vaccinating their population (Engle, 2021).

Figure 1: Top ten countries in the list of COVID-19 cases as of May 21, 2021
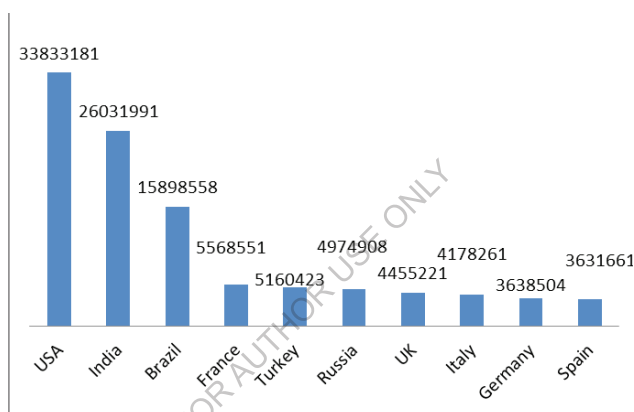
Source: Statista. 2021. *Number of Coronavirus (COVID-19) cases worldwide as of May 21, 2021, by country.* https://www.statista.com/statistics/1043366/novel-coronavirus-2019ncov-cases-worldwide-by-country/

The local development of vaccine is crucial in this scenario, for which India and Africa with some other countries proposed to the WTO to waive off parts of the TRIPS and patent rights temporarily for the COVID-19 vaccine, which was opposed by the rich countries. In a globalised world, ending the pandemic of COVID-19 is not possible unless every country gets the vaccine for its entire population. The role of WHO in this regards is supposed to be to coordinate countries involvement in vaccine development and ensure cooperation among them for proper supply of vaccine.

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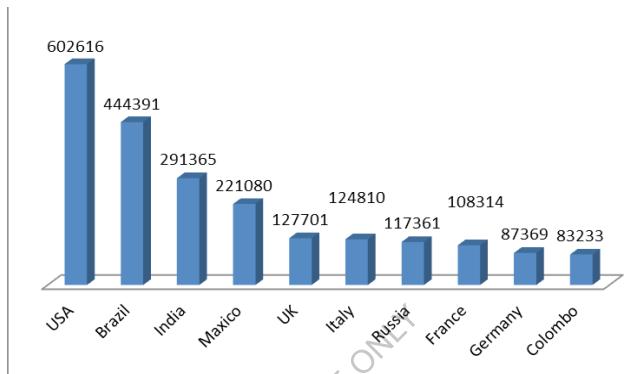*Shivaputra S. Patagundi and Alaknanda Shringare*

Figure 2: Top ten countries in the list of COVID-19 deaths as of May 21, 2021

Source: statista. 2021a. *Number of novel Coronavirus (COVID-19) deaths worldwide as of May 21, 2021, by countries.* https://www.statista.com/statistics/1093256/novel-coronavirus-2019ncov-deaths-worldwide-by-country/

Nationalism

Growing or reviving the spirit of nationalism was very high on the agenda of some of the important leaders of the world which made it difficult to bring them on a single platform to evolve an effective strategy to control the spread of the virus. Due to rising nationalist sentiments among the countries international cooperation and information flow is decreasing (Yenel 2020, 27). There is a trust deficit among the countries as well as in global institutions. Trust in national, regional, and global public bodies is important and essential for any effective global response to a crisis (Turianskyi et al. 2020, 24). The world's momentum appears to be moving away from internationalism in the form of populist current around the world and rising nationalist leaders which is evident in Brexit and Trump's America First policies (Hatuel-Rasoshitzky & Heistein

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2020, 10) posing a challenge to the effective GHG. The GHG cannot be achieved without wholehearted international cooperation.

The WHO's Director-General Tedros Adhanom Ghebreyesus said, 'the greatest threat we face now is not the virus itself, it's the lack of global solidarity and global leadership' he further added that, 'we cannot defeat this pandemic with divided world' (Mint 2020). Heads of States reiterated the need for meaningful coordination among the member states during the opening of the World Health Assembly meeting held on 18-19 May 2020. President of South Korea, Moon Jae-in addressing the World Health Assembly meeting said, 'The world must unite under the banner of mutual trust and inclusiveness in the face of deepening COVID-19 crisis' (WHO 2020c). Chancellor of Germany, Angela Merkel addressing the meeting of the World Health Assembly remarked, 'virtually no country has been spared by this pandemic, so no country can solve this problem alone and we must work together' (WHO 2020c). President of France, Emmanuel Macron's while speaking in the meeting said, 'Only if we join forces will we beat this COVID-19 pandemic. We need a strong WHO and WHO is us?: Member States' (WHO 2020c). Opening remarks of heads of state gave a strong message of how the COVID-19 pandemic can be managed by the WHO and international community together.

Funding

Since the year 2000, the WHO member states raised concern over WHO's limited financial resources, in response to which in the year 2010 the Director General of the WHO convened an informal consultation on the future of WHO financing, which went beyond financing issues and raised more fundamental questions about the role of the WHO in rapidly changing environment (Reddy, Mazhar and Lencucha 2018). The WHO is funded by two main sources: Accessed Contributions and Voluntary Contributions. Accessed Contribution is a due, which every member country pays as per its GDP and population. Voluntary Contributions come from member states (apart from their Accessed

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Contributions) as well as the United Nations, intergovernmental organizations, philanthropic foundations, the private sector, and other sources (WHO 2020d). The WHO receives 35.41 percent of its contribution from its member countries, 9.33 percent from philanthropic organizations, and 8.1 percent contribution from the United Nations (Ghosh 2020). Its annual operating budget is about $2bn in 2019 which is smaller than that of many university hospitals and split among a dizzying array of public health and research projects (Buranyi 2020). On the day when the US declared that it is halting funding of the WHO, Bill Gates responded in a tweet that, ending the support for the WHO during the world health crisis is as dangerous as it sounds. He further said, 'their (WHO's) work is slowing the spread of COVID-19, and if that work is stopped no other organization can replace them, as the world now needs WHO more than ever' (Mathew 2020).

In the 73rd World Health Assembly, the WHO Director-General called for predictable and sustainable WHO funding, the launch of the Universal Health and Preparedness Review, and the need to reimagine global leadership and "forge a new era of cooperation" reflecting the lessons of the COVID-19 pandemic (WHO, 2020e). Among its various initiatives to respond to the COVID-19 pandemic, WHO launched the COVID-19 Solidarity Response Fund along with the United Nations Foundation and Swiss Philanthropy Foundation to raise money from various donors (WHO 2020f). The Fund enables private individuals, corporations, and institutions to contribute directly. In the post-COVID-19 world, fundraising and fund management need to be done differently by the WHO in the collective interest of the global community.

Reliable data

According to the Director-General of the WHO (2020b, IV):

Strong health data systems are a core requirement for improving population health outcomes and meeting the SDG health targets. WHO is committed to working with the international community to provide

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support for these critical systems, so that every country can have reliable, timely, accessible data.

The challenging task for the WHO is getting reliable and trustworthy data from member states, which is required for taking quality decisions for handling health problems like the COVID-19 pandemic. This involves the WHO's responsibility of collecting reliable data from member countries to understand the problems of pandemics in terms of their causes and effects. The effectiveness of addressing pandemics is primarily determined by sharing reliable data and information by the member states. International cooperation between the member states, specifically scientific cooperation plays a crucial role. In this context, international cooperation involves sharing reliable data and information, which helps in analyzing the global health problem and identifying problem-solving options or strategies to deal with it. Accurate, timely, and comparable health-related statistics are essential for understanding health trends. Decision-makers need the information to develop appropriate policies, allocate resources and prioritize interventions. Governments of member states act as data custodians and they undertake the collection, storage, processing, and use of data in a manner that is in the best interest of the data principal (Kapoor 2020). However, verification of reliability of data is a big challenge for the WHO because countries providing data are diverse in their socio-economic background, culture, etc., and adopt different methodologies for gathering information. Such data will have an inherent problem of accuracy at least to some extent. Information bias, errors in the processing or reporting of the collected information, time lags in reporting, and the use of multiple definitions and methodologies in different countries which lead to additional difficulties such as outdated, incomplete, or inaccurate data, undermining monitoring of health-related indicators and compromising progress towards the SDGs (WHO 2020b, 19). Governments around the world need to continue to strengthen the implementation of public health measures such as contact tracing, testing, isolating and treating, and provide essential health services. Certainly, this involves the role of data sharing and policymaking to address the health

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pandemic problem. Data is input for decision making and decisions are outputs, indicating the close connection between inputs and outputs. Reliable data is one of the major challenges for determining the effectiveness of the GHG in addressing pandemics.

New global order

The COVID-19 pandemic is playing an important role in shaping a new global order, which can also be called a post-American world order (Bremmer 2020, 22). Two trends are visible in the new world order emerging out of the pandemic, firstly, the rise of China representing the global south and retreat of the US representing global north. Lo (2020, 1) writes, the actions of Donald Trump have undermined transatlantic unity, damaged the moral authority of the West, and weakened global governance. China is becoming more assertive in its global role under the leadership of Xi Jinping, seeing an opportunity in the weakness and unilateralism of the American response to Coronavirus, the greater international dependence on China, and the lack of strategy and leadership from other corners of the world (Bremmer 2020, 16).

At a time when the US was grappling with Coronavirus during the first wave of the COVID-19, China reached out to the countries to help them fight against the pandemic. It extended medical help to Italy, Central and Eastern European Countries (CEECs), countries in Africa, the Middle East, and Southeast Asia. The COVID-19 helped China to get more engaged with the countries of the world and successfully implement the concept 'it is China only who can help' (Akon and Rahman 2020, 7).

China organized meetings of foreign ministers, video conference with the South Koreans and Japanese to coordinate Coronavirus responses, and proposed an ongoing joint task force to share data and mobilize resources for medical response. China attempted to strengthen its engagement with the Europeans, with Chinese Premier Li Keqiang having reached out to European Commission

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President Ursula von der Leyen to donate, 2 million surgical masks, 200,000 N95 masks, and 500,000 testing kits (Bremmer 2020, 16).

It is expected that this new world order is going to be shaped in large part by three trends that had already been set in motion long before the COVID-19 pandemic, but that nevertheless have been accelerating in the current pandemic: deglobalization, rising populism, and nationalism and an ascendant China (Bremmer 2020, 17). One needs to wait and watch the future trajectory of this new world order, with Biden being elected as the President of US and once again US joining the WHO.

Reforming WHO

WHO is playing a predominant role in sharing the information to diagnose and manage cases, educating the public about the virus, disseminating situation reports regarding the global spread of the virus (Hatuel-Rasoshitzky and Heistein 2020, 12), and controlling the spread of misinformation about the virus. It may yet require a significant overhaul to rid itself of accusations of biased approaches and limited leadership capacity and to warrant continued support from all nations. Apart from the US, there are also other countries who felt the need for a review of the WHO at the same time continued their support to WHO in managing the pandemic situation. There are suggestions to address flaws in its mechanisms, including project financing, bureaucratic inertia, and tensions between headquarters and regional officers among others (Yurgens and Kulik 2020, 21). A suggestion came from the Australian Prime Minister Scott Morrison, who proposed to give either the WHO or another body, 'powers equivalent to those of a weapons inspector' however there is no clarity over how effective such body would be (Turianskyi et al. 2020, 23). Most countries agree that there is a need for an overhaul of principles and structures of GHG in the wake of the COVID-19 pandemic experience. Achieving the same would be difficult in the current situation of global political polarisation. Logically, epidemic and pandemic control efforts necessitate the existence and funding of

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competent international or supranational bodies or initiatives that are completely detached from political bias, favouritism, and corruption.

Conclusion

The way forward lies in a more inclusive world order. It should be well equipped for the complex challenges of the global political, economic and health emergencies. As countries are experiencing second and third wave of pandemic, the GHG needs to be better structured to strengthened and coordinate the global health responses and ultimately to address problems confronting the world appropriately. This requires the countries to give importance to global health issues by keeping aside all their political considerations. There is a need for an objective review of the changing role of the WHO based on the experiences of the first and second wave of the COVID-19 and the usage of technology in providing health services that need to be strengthened. The member states of the WHO have to subordinate political issues for ensuring the effective role of the WHO as a global health leader in dealing with complex problems like the COVID-19 pandemic. Besides, they are expected to make the WHO financially strong and strengthen its role to promote innovative research in health science, in order to address global health problems appropriately according to the situation.

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