

COVID-19 Responses Expose Gaps in Global Governance

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The world has not experienced the simultaneous and indiscriminate social, health, governance, and economic harm brought on by the COVID-19 virus in more than a hundred years. In the midst of this visceral crisis, the instruments and interventions to combat the disease are falling woefully short. Thus far, the pandemic has exposed not only how far the world is from effective and unified global governance, but also a crisis of confidence in the institutions expected to guide international action and cooperation. Moreover, farsighted and enlightened leadership that emboldens collective action and effective, accountable institutions remains elusive. This is particularly apparent at the World Health Organization (WHO).

The only global health body currently tasked with promoting health worldwide and battling global health emergencies, the WHO is only as strong and effective as its members allow it to be. Criticism about its role in managing COVID-19 therefore needs to be assessed against the measures its members have taken to strengthen and capacitate it to fulfil its mandate.

The WHO is under the spotlight for its perceived slowness to declare the outbreak a pandemic, the initially relaxed approach to international travel restrictions that spurred the spread of the pandemic, contradictory messaging about social distancing and the use of masks, and allegations of undue influence by China.

The most vocal critic has been the United States, which has so far experienced not only unprecedented job losses but also the most cases and related deaths. It is also by far the single largest financial contributor to the WHO and was scheduled to contribute \$115.8 million in 2020. It has, however, decided to withdraw its financial support with immediate effect, pending a review into [what it calls](#) the body's "role in severely mismanaging and covering up the spread of the coronavirus."

This announcement could read as yet another sign that the United States has given up its role as the guarantor of a rules-based, accountable global governance system. Certainly the statement closely echoes the United States' actions in regard to a range of global institutions and cooperative frameworks and treaties, from the paralysis of the World Trade Organization's dispute settlement mechanism to withdrawing from the Paris Agreement.

Indeed, other governments have also been vocal about the need for a closer review of the WHO, though expressing at the same time the need to continue to support it during the pandemic. An outlier is Australian Prime Minister Scott Morrison, who [proposed giving the WHO](#), or another body, "powers equivalent to those of a weapons inspector to avoid another catastrophic pandemic."

But it is not clear how effective such a body, and presumably the international treaty and associated global governance frameworks, would be. The stalemate at the 2020 Review Conference of the Treaty on the Nonproliferation of Nuclear Weapons (the postponement of which is itself a result of the COVID-19 pandemic) and the track record in Iran despite numerous inspections by the International Atomic Energy Agency are indications that this might not be the most effective way forward.

Most would agree that the time has arrived for a total overhaul of the principles and related commitments that underpin the global governance system. The current global political polarization makes this extremely difficult to realize, however. A realistic approach is therefore needed on what improvements might be possible at the WHO in the next few years, as is exploring what room might exist for an informal process among like-minded states and other actors to begin to consider radical architectural reform.

In the interim, the pandemic should not divert attention from the underlying challenges of global public health, which include the imperatives of stronger and more resilient health systems nationally, regionally, and globally. Whatever immediate interventions are undertaken to deal with COVID-19 should therefore aim to also strengthen national and regional health capacities for the future. Equally, COVID-19 has highlighted that global health emergencies have economic, financial, and social justice elements and that other global institutions need to be part of the response.

The UN Security Council is arguably the critical guarantor of global stability and rulemaking within the world's most representative global body. Except in rare circumstances, global health has not been on the agenda of the Security Council because it has not been regarded as a hard security threat. However, COVID-19 has brought the world to a standstill and raised the specter of significant social and economic instability. The world is yet again facing a tragedy nearing proportions similar to the one that preceded the establishment of the United Nations in 1945. Perhaps it is time to consider a redefinition of what maintenance of international peace and security entails, although the concern among many states, especially in the developing world, would be that expanding the mandate of the Security Council in such a way would mean expanding the veto power of the five permanent members.

One of the important lessons of the Ebola outbreak in 2014 in West Africa was the crucial role trust plays between the national health authorities and citizens in helping combat disease. Trust was enabled by the ability to maintain neutrality across political divides.

In general, trust in public bodies, whether national, regional, or global, is essential to any effective coordinated global response to a crisis. At the global level, such trust has to exist between the institutions mandated to deal with the challenge and states, regional bodies, and private-sector actors. The current polarized response is symptomatic of the dearth of trust in global institutions.

Four measures could be immediately implemented to address the gaps and shortcomings in the response to COVID-19 and to restore the credibility of the global institutions that are supposed to secure global public goods—goods where the benefits and/or costs potentially extend to all countries, people, and generations, and which are non-exclusionary.

The COVID 19 crisis shows that farsighted political leadership—from the United Nations, development finance institutions, and clubs such as the Group of Seven and Group of Twenty (G20)—is essential to ensuring a coordinated and effective policy response to a global crisis. Important immediate elements to such a response include better financial coordination beyond the measures the International Monetary Fund and the G20 have taken so far; flexible financial mechanisms for rapid response measures against the socioeconomic effects of COVID-19; much more technical and financial

support to the WHO; and more scientific and health collaboration, especially on vaccines and drugs, between states and drug companies.

Farsighted leadership also means letting go of the financial stranglehold that drug companies and other manufacturers exercise over the development and manufacturing of COVID-19 vaccines, drugs, and medical equipment. A range of other immediate actions include stepping up the manufacturing of affordable personal protective equipment, medical equipment, and ventilators, and removing trade barriers to enable movement of goods, especially to hard-hit countries in both the developed and developing world.

Consistent messaging and health advice around the world are also critical to consistent application of evidence-based rules and guidelines, such as the wearing of face masks in public places. Relatedly, supporting the generation of reliable data on the spread of the virus is essential to ensuring accountable and effective actions and establishing clear protocols on preventing future global outbreaks.

A careful and independent review is needed on how to address the shortcomings in the WHO's performance. Doing so entails enhancing its capacity to perform the role it is supposed to exercise. This requires, among other things, that members support the expansion of the WHO mandate to be more proactive where a communicable health challenge is suspected. This could help facilitate rapid response missions and independent verification of findings without fear or favor and enforce more frequent and rapid information sharing by states to enable timely actions. This will require states to increase their fixed contributions to the WHO, not only to address the gap created by the absent support from the United States, but also to position the WHO in such a way that it is technically more competent and able to do its job. (It is not enough that less than 30 percent of the WHO's budget comes from fixed contributions of member states.) In addition, where instruments have been created to help finance pandemics, such as the WHO Contingency Fund for Emergencies, member states should adequately fund them.

Responding to the pandemic offers an opportunity to restore confidence in the value of global cooperation, to address the resource and accountability gaps beyond those global institutions tasked directly with the fight against the pandemic, and to ensure that they are infused by a stronger scientific ethos and a capable, effective leadership and technical corps that eschews petty politicking in favor of securing the global public good.