



## Original Research

# The Spread Of The Covid-19 Epidemic And Its Effects On The New Order Of The World Health Organization

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## Abstract

The World Health Organization was founded in 1948, but its history goes back to the middle of the 19th century. The basis of this background was the need to fight epidemics that transcend the borders of countries. However, the financial and technical opportunities needed to achieve their goals and the cooperation of the member countries were not always at the optimal level and are not. Experience has shown that half of the financial resources include voluntary contributions for specific programs, but the organization refuses to develop a binding legal rule regarding them. Covid 19 acts according to the guidelines and guidelines of the World Health Organization. It should be noted that despite all the problems and some mistakes, the organization managed this process correctly with the experience gained from previous epidemics. However, time will tell whether the World Health Organization and member states can make reforms regarding the structure and how to adapt their regulations to the new global order in the field of health.

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## 1-Introduction

Epidemics affecting the world are not a new phenomenon. The first known epidemic in written history BC was the plague that struck Athens in 430 and is mentioned in history books as the factor that significantly reduced Athenian power during the Peloponnesian Wars. has been Plague epidemics spread in the Middle Ages due to the expansion of international travel and trade routes, which began in Asia and spread throughout Europe and North Africa. Plague, cholera, and yellow fever can be mentioned among the epidemic diseases that have influenced foreign policies throughout history. (Nakajima, 1997, 320) Before the establishment of the World Health Organization, all international efforts in the field of health were aimed at preventing the spread of epidemic diseases. The idea of an international organization to work in the field of health was the subject of the founding conference of the United Nations in 1945, which, with the cooperation of the Economic and Social Committee, came to life with the entry into force of the Treaty establishing the World Health Organization on April 7, 1948. In 2019, with 8,000 employees and offices in 160 countries, WHO became the largest specialized organization of the United Nations, after UNESCO, with 194 member states (Burci, 2019: 229). However, although the WHO was conceived as a technical organization, like all international organizations of which governments are members; it has seen ideological and political competition since its inception. One of the reasons for the competition is that the World Health Organization is very limited in producing binding documents, despite being stipulated in its founding treaty. Some explain this issue because the speed of scientific and technological progress in the field of medicine makes such binding texts meaningless in a short period of time, but this seems to be a weak and unacceptable justification. In this article, the activity of the World Health Organization will be examined with an approach to the new international order as an international technical organization that is responsible for health during the Covid-19 pandemic, and the developments that have caused this organization to comply with the new international order and Its possible effects on the future of the World Health Organization will be discussed.

## 2- World Health Organization as an international organization

The World Health Organization was established on April 7, 1948 with the entry into force of its founding treaty. At the San Francisco Conference in 1945, which was established to establish the United Nations, the proposal of Brazil and China to form a conference to establish an international health organization and its relationship with ECOSOC was unanimously accepted. (Howard-Jones, 1981: 470) This agreement was signed by 61 countries in the founding conference held in 1946, based on the draft prepared by the preparatory technical committee. In Article 1 of the founding treaty, the goal of the organization is to achieve the highest possible level of health for all people, and according to Article 2, the organization will act as a guiding and coordinating authority in the field of international (world) health. Looking at Article 2, it can be understood that this organization has dual duties as follows:

- Efforts to strengthen the health services of member countries and fight epidemics, which is a long-standing goal;
- Technical assistance to member countries, facilitating cooperation between organizations, providing information, providing training, setting up contracts and regulations, etc. (Samanci, 2016: 63)



## 2-1-The way to establish the World Health Organization

WHO is inseparable from the public health approach developed in the 19th century? Countries that intended to limit problematic places and communities around their borders and also intended to manage and control border crossings and the entry of goods or suspicious people into the country, created health management practices. Due to the spread of cholera in Europe in the middle of the 19th century, governments needed to cooperate, which led to their first sanitary conference in 1851-1852. In 1892, the first international sanitary convention for the control of cholera was held, and 5 years later, with the outbreak of the plague, a similar convention was concluded for the plague. The Pan American Health Organization, which was founded in 1902, is one of the oldest international health organizations in the world, which initially focused more on quarantine laws, but later began to focus on public health problems. In 1903, the International Health Conference in Paris discussed the need for a permanent health bureau, and in 1907, the first international bureau in Europe, the International Bureau of Public Health, was established. As can be seen, public health concerns and the first studies in this field were aimed at controlling epidemics. On the other hand, the League of Nations was not limited to disease control, but expanded its field of study to the concept of international health cooperation. Accordingly, the Rockefeller Foundation established an International Board of Health in 1913, whose interest was mainly in infectious diseases. (Bashford, 2006, 72)

## 2-2-The structure and activities of the World Health Organization

This organization has three main institutions: the World Health Assembly, which is held with the presence of all members and convenes once a year, and is responsible for a wide range of tasks, including the formation of necessary committees to review the reports of the executive board and the secretariat, as well as overseeing the financial policy for Conducting research and delivering any health issue that is deemed important and the attention of the member states is one of its duties. Accepting the budget is also at the disposal of this authority. The executive board of this assembly consists of 34 members whose duty is to implement the policies of the World Health Assembly. Also, one of its main tasks is to deal with incidents that require immediate action, which is stated in Article 28 of the founding treaty, and in this context, it must deal with epidemics and allows the Director General to take the necessary measures to deal with it. According to Article 31 of the World Health Assembly, the Director General is appointed and the Director General is in charge of the third main body, the Secretariat. About a third of the technical and administrative staff work at the Geneva headquarters and the rest at the regional offices. The World Health Organization has six regional offices in Africa, the Americas, Europe, the Western Pacific, the Eastern Mediterranean and Southeast Asia. According to paragraph (k) of Article 2 of the founding treaty, the World Health Organization can approve international conventions and recommendations. According to Article 19, the World Health Assembly has the power to accept contracts or agreements with a two-thirds majority, but these powers have been used very little. The only international regulation of this convention is the 2003 Framework Convention on Tobacco Control. In addition, the International Health Regulations, updated in 2005, form the main framework for disease intervention. Article 21 empowers the World Health Organization to adopt wide-ranging regulations. The General Health Assembly has the power to adopt regulations on matters by an absolute majority, and the first in paragraph (a) is important for the process in the Covid-19 pandemic. These powers include:

-Determining health and quarantine conditions in order to prevent its international spread,

- Naming diseases, causes of death and public health measures,
- Determination of standards for diagnostic methods for international use,
- Determination of biological substances, drugs. etc. subject to international trade,
- Determining standards of safety, purity and power of products,
- Declaration and labeling of biological substances, drugs, etc., of products subject to international trade.

Agreements between the World Health Organization and other international organizations are accepted by a two-thirds majority. Article 41 of the founding treaty states that the World Health Organization will agree with the United Nations, and Article 57 indicates that the organization will be under the command and direction of the United Nations. With the entry into force of the founding treaty, the World Health Organization, within the framework of its limited budget, determined topics of primary concern and included some infectious diseases among them. International health regulations for smallpox, typhus, cholera, as well as for the control of yellow fever, relapsing fever and plague, and determining the necessary measures at ports, airports and borders used for international transportation against these diseases, which are considered quarantine diseases. Typhus and typhus were excluded in 1969, smallpox in 1981, leaving only three diseases under international control under the Act before the 2005 regulation. In 1958, on its 10th anniversary, when the United States stated that the organization should be a center for directing research and leaving its implementation to countries, an Advisory Committee on Medical Research and a Voluntary Fund were created for it. The rapid accession of newly independent countries in the 1960s and the health crisis that arose during the internal conflicts in the Congo led the organization to focus more on national health planning. (Charles, 1968, 295) By the 1970s, the approach to health was no longer understood as the absence of illness, but as a state of comprehensive well-being. The Alma Ata Declaration of 1978 called on all countries to make the provision of high-quality health care an integral part of their national health systems. In 1981, the Declaration adopted a global strategy entitled "Health for All" by the year 2000. The goal of this strategy was to make primary health care the main function and focus of the health system in all countries. (McCarthy, 2002: 1111). The emergence of AIDS in the 1990s in terms of human rights protection, the impact of neoliberal policies, and the fact that infectious diseases are now the subject of security organizations, has changed the approaches of the World Health Organization (Burci, 2019: 230). Although the organization wanted to address the social factors that determine health such as income distribution, education level, the role of women in determining economic and environmental policies, regulation of health risk factors and access to medicines, it was forced to change its approach. In 2003, the Framework Convention on Tobacco Control was adopted as the first global public health treaty. In 2008, global health statistics showed a global shift from communicable to non-communicable diseases worldwide, but a year later, in 2009, a virus called Ebola appeared, and in 2014, the largest outbreak of the Ebola virus occurred in West Africa. And it was in 2016 that the cases reached zero. In the same year, this time in the Americas, the Zika virus created a public health emergency. Ebola appeared in Congo in 2017 and again in 2018-2020. In 2005, ten years of debate on the revision of the International Health Regulations concluded, and these regulations were revised and expanded to include prevention and response to public health threats beyond specific diseases. The International Health Regulations constitute the basic legal provisions on disease control. This regulation is the main pillar in the fight against epidemics. Among the objections that were raised during the adoption of these regulations was that the new regulations may conflict with the International

Atomic Energy Agency, the World Trade Organization, or the Food Codex, which have been removed by the amendments. The intentional and accidental release of biological, chemical, or radioactive materials has always been controversial because it involves the possibility of terrorism. With all the complexities, the final text was shaped in such a way as to include cases of voluntary use of these items.

### 3-The basis of the World Health Organization

Since the 1980s, fragmentation that has nothing to do with epidemics has reduced the role of the organization as a whole. In the 1990s, the connection between health and human rights, the environment and business came to the fore. In this period, it is said that the role of international organizations such as the World Health Organization is cumbersome and has somehow been affected by the criticism of the United Nations. (Taylor, 2003, 256). Some health issues were the study area of other organizations as well. For example, the World Trade Organization is increasingly linking health and trade in treaties. Topics such as biodiversity, biosecurity, biotechnology, intellectual property, genetics, human cloning, etc. are topics that have been studied both by the World Health Organization and by other organizations. The World Health Organization was an area in which organizations such as UNESCO and FAO also worked and helped develop legal rules in this field. But doing so has led to more fragmentation and sometimes contradictions in health laws. The view that this undermines the WTO's leadership role in health is a significant one. In particular, given that the treaty establishing the WHO has the power to set a rule that no other specialized body has, member states may use other forums instead. It is understood that the organization prefers to make other arrangements. For this reason, it seems that the organization does not use the powers of its rules sufficiently. The fact that the organization's resources are not enough for the tasks it undertakes is the most basic problem that everyone mentions.

### 4- The financial resources problem of the World Health Organization

The director general prepares the organization's budget estimate based on the data of the regional offices and presents it to the executive board, and after reviewing it there, the budget is approved by the World Health Assembly. Regular funding is provided by member states, with the United States contributing the most (Vaughan, et al., 1996: 229). From the beginning, the budget of the organization has been small compared to the goals. In addition to the official budget of the World Health Organization, which consists of contributions from member countries, Article 57 of the founding treaty also allows it to receive voluntary contributions from member countries and organizations whose goals are in line with the goals and receive the policies of the World Health Organization. In fact, since 1951, it has benefited from the United Nations Technical Assistance Program and its special fund to support specialized organizations. The organization divides its budget into two flexible and targeted categories. Flexible funds can be used wherever needed. Mandatory contributions from member states are also included in this area. Among voluntary contributions, the Core Voluntary Contribution Fund and Program Support Costs are a flexible fund. However, the vast majority of voluntary funds are earmarked, meaning they must be used for a specific purpose. Health Promotion Volunteers Fund has special accounts for various diseases or activities that are awarded to participants in a specific activity. The countries that have contributed the most to the funds since the beginning are: Sweden, Great Britain, Holland, Japan, Norway, Denmark, Italy, Switzerland, Canada, Germany, France, Australia and the United States of America. (Vaughan, et al., 1996: 236) Looking at the organization's 2020-2021 budget, targeted voluntary contributions make up more than half of the total budget at almost \$3 billion. Flexible funds amount to 1 billion 350 million



dollars, of which 950 million dollars include mandatory contributions from member countries. Untargeted voluntary contributions are only \$33 million. The estimated amount for emergencies is \$1 million, of which \$860,000 is a targeted voluntary contribution. The working model based on voluntary contributions, which emerged as early as 1949, gradually became stronger as the rate of voluntary contributions increased in the organization's budget. In fact, WHO has to adapt to neoliberal policies to regain its lost reputation. Voluntary contributions accounted for 80% of the WHO's resources in 2016-17, and almost all of them were given for specific purposes. Half of the resources came from non-state actors. So that the Bill and Melinda Gates Foundation was the second investor after the US state. Among the top 20 contributors, there are 4 private individuals or foundations and 2 UN funds. This means that the organization has become very dependent on voluntary contributions. In fact, in 2014 the budget should be approved without any participation or voluntary participation of the member state and flexible budgets should be created if necessary. However, flexible funds account for a very small proportion of voluntary contributions. Therefore, investors have reached the point where they set the agenda of the organization. (Garrett, 2007, 38). When these investors are private individuals or organizations, the problem of transparency also arises. For example, in the case of countries, during the outbreak of the Ebola epidemic, it is criticized that they are under pressure to declare a pandemic. Therefore, although the resources devoted to health problems increase, there is a problem that resources are taken for use especially for high-profile diseases, but the resources devoted to public health are not so great. In fact, it could be used in emergency situations during the Ebola epidemic. With the view that there is not enough flexible budgets, naturally the first place in the financial reform proposals is the share of the member states and a return to the "zero real growth" model is proposed. However, member states are reluctant to do so and prefer to contribute to specific programs instead of increasing their share in the official budget. Funds are the second most important issue in the reform proposals. The effort to ensure transparency and accountability in the use of these funds has been expressed not in order to eliminate or reduce this situation, but in order to obtain more of these funds. This issue, which has been on the agenda since the 1990s, has been met with various proposals. From greater transparency of funds transferred to regional offices and how they are used to creating a financial dialogue. The tricky bit here is that while transparency is mandatory, it's mostly based on a desire to show the results achieved with the budget. This creates pressure in the organization to achieve results in a short time. However, many public health problems cannot be solved in a short period of time. A joint dialogue between the WHO and funders was established in 2013 and detailed to ensure that the outcome achieved was consistent with the given funding. (Reddy, 2018, 5). This situation can be interpreted in a contradictory way. That countries or private contributors want to contribute to global health care, but in any case it is necessary to decide in the World Health Assembly to reorganize the contributions of member states. Unless this decision is made, there is no other option than voluntary participation. Amendments in the main budget show that they are trying to give these grants. It should not be done for public use. Health goals instead of voluntary contributions, this is the last request from contributors. However, it is not clear how these states will refer other public or private donors other than their own voluntary contributions.

## 5-World Health Organization during the process of the Covid-19 pandemic

### 5-1-Legal intervention for epidemics

In 1994, the World Health Organization established the Unit for Surveillance and Control of Emerging Infectious Diseases and Other Infectious Diseases to improve the capacity to fight pandemics and establish national surveillance systems. It also prepared a strategic plan in 1996, and in 1997 it was decided to establish a global outbreak warning and response network. (Isasi, 2005, 504). However, the work of the WHO is all from traditional sources. In 1996, a group of Canadian public health officials, based on their experience with an outbreak in India, initiated a study of federal departments in Canada. They participated in a competition to influence the increasing use of the Internet and established the first global network of public health information. Its purpose was early detection of disease outbreaks using news sources on the Internet. After the start, when they faced the problem of verifying the news, they agreed with the World Health Organization to do the verification work. (Weir, 2007, 247). The Global Outbreak Alert Network, established in 2000 with the participation of the Red Cross, UNICEF and many laboratories and organizations, aimed to quickly inform members of an international epidemic or public health emergency. In this case, experts will be sent to this area immediately and according to the information obtained, action will be taken to solve the problem. Laboratory research for disease agents that pose serious health risks and training methods to participants were also implemented as part of this network. (Lawrence, 2012, 23). In the 20th century, this seemed to be a victory over infectious diseases. This mistake was proven by the emergence of new pathogens such as HIV/AIDS and SARS. In 2015, at a specialized meeting of the World Health Organization, it was determined that there are eight pathogens that have no effective treatment and can cause epidemics. These diseases were identified as Ebola, Crimean-Congo hemorrhagic fever, Marburg, Lassa, MERS and SARS, Rift Valley fever and Corona diseases, all caused by viruses. (Sweileh, 2017, 19). According to the World Health Organization, the main framework for fighting epidemics is set by the International Health Regulations in 2005. The situation before the update was to determine the controls to be carried out at the borders based on a list of a limited number of diseases. In 1951, the General Health Assembly of the World Health Organization, using its powers in Article 21, adopted the International Health Regulations, taking as a guide the agreements reached before it, which changed to the International Health Regulations in 1969. It was named but changed in 1973 and 1981 by carrying out minor amendments and by creating a monitoring mechanism aimed at sharing expanded international information for six diseases in the initial and three diseases in the final version. The member states were obliged to inform the World Health Organization of any occurrence of cholera, plague or yellow fever in their country. The World Health Organization reported this notification to other countries along with the measures it recommended. The scope of the measures was what should be done in terms of public health and in the form of rules that were applied in international transport. (Aginam, 2004: 65). Looking at the results of these regulations, it can be seen that the countries where the disease was first observed were reluctant to report. The fear of facing extreme measures was very high, and previous actions showed that this fear was not unfounded. Second, its effects were limited because it was limited to only three diseases and did not apply to emerging diseases. Third, many WHO member states did not have the capacity to monitor potential outbreaks. It was clear that new and more comprehensive regulations are needed. With the 2005 reform, this limited system was replaced



by a new international cooperation system based on the reporting of certain syndromes. (International Health Regulations, 2005) These syndromes were grouped into six categories: acute hemorrhagic fever syndrome, acute respiratory syndrome, acute diarrhea syndrome, acute pessimism syndrome, acute nervous syndrome, and other significant syndromes. The first had to be reported immediately, while the others, including the Covid-19 virus, had to be reported if a series of cases of urgent international concern were identified. The international emergency assesses whether or not it is significant according to five factors: rapid spread in the community, unexpectedly high mortality rate, presence of a newly identified syndrome, high political and media profile, travel trade restrictions. Another authority that the WHO has gained with these regulations is the power to request information from Member States about data from authoritative sources other than Member States. Centers that collaborate with the World Health Organization, non-governmental organizations, the media, other international organizations and non-member countries are accepted as reliable sources.

## 5-2-The Covid-19 pandemic

The World Health Organization's statement on the first outbreak of this pandemic has changed over time. According to preliminary information, this disease, which emerged in the city of Wuhan, China, and was declared pneumonia due to an unknown cause, was first reported to the World Health Organization country office in China on December 31, 2019. The office stated that it had seen the Health Commission's press release on their website and had reported it to the International Health Regulations Implementation Unit at the World Health Organization's Western Pacific Regional Office the same day. On January 1, 2020, the World Health Organization requested information from the Chinese authorities regarding the unusual pneumonia cases in Wuhan and preparedness for an emergency response, and mobilized a case management support team. On January 2, the WHO representative in China expressed support for the organization and once again called for more information on the cases. China appears to have submitted its case report to the World Health Organization on January 3. (Covid-19 Timeline) The fact that the notification of the case that China said was sent to WHO on December 31 in the first statement was actually made on January 3 and was corrected by WHO months later is the basis for this. It drew criticism that the agency did not provide accurate information, although it did not appear to affect the response to the pandemic. The World Health Organization announced on January 4, 2020 that it will monitor the situation and share information. In fact, since then, every day, it carries out a very comprehensive information activity, including the outbreak of the epidemic, the number of cases, various recommendations and recommendations to member countries, information to the public and special training for health, as well as support. It provides technical, equipment, medicine and diagnostic kit to the requesting member states. The information that the World Health Organization provides on a daily basis regarding the development of this epidemic, both collects and discloses data related to the spread of the disease, and informs member countries about the diagnosis, treatment, etc. of the disease and recommendations. Issues the main source of corona epidemics was the previous SARS and MERS virus. On January 13, the first case outside of China was reported in Thailand. As of January 20, a total of 282 cases were identified, 278 in China, 2 in Thailand, 1 in Japan, and 1 in South Korea, from which all cases outside of China were brought. In other words, transmission had not been seen in the affected countries. When cases appeared in South Korea, Japan and Singapore, an emergency committee was convened 2 days later, but the meeting ended without an announcement. On January 24, the first case of transmission outside of China was reported from Vietnam. On January 25, the World Health Organization published





the first information material on the new coronavirus. On January 27, with only 2,798 cases worldwide, the organization declared the global risk level "high". Only 37 of the cases were outside of China, but the first cases appeared in countries based in three separate WHO regional offices: the United States, Australia, France, Canada, Malaysia and Nepal. On January 30, an important decision on the development of the epidemic was approved and the formation of an emergency committee was announced by the World Health Organization. The basis for this decision was that within a month, cases were reported from five districts. The committee recommended early screening and diagnosis, treatment and isolation of cases, contact tracing, and physical distancing measures similar to those used in the SARS epidemic. On February 1st, the first transmission of the third generation outside of China was detected in Germany. In addition, the first case of the disease being brought from a country other than China was identified as a case brought from Japan to South Korea. On February 2, the first death outside of China was reported from the Philippines, and on February 11, the World Health Organization named the disease as Covid-19. On February 12, 400 experts and investors gathered and set priorities to accelerate research to contain the Covid-19 epidemic. Easy-to-use diagnostic kits, accelerating the development of possible and available vaccines, and preventing virus transmission were on their agenda. On the same day, the crisis management team brought together the World Health Organization, UNICEF, ICAO, FAO, the World Bank and various units of the United Nations Secretariat to focus on health. While other organizations and units were working on the effects of the epidemic on social, economic conditions, a virtual meeting program was launched twice a week, in addition, information networks established for other diseases began to They worked. On February 17, the World Health Organization, based on the experience of the Ebola outbreak, issued a warning for large group gatherings and provided recommendations for the diagnosis and care of participating patients, and on February 18, personal protective equipment was sent to 21 countries. On February 21, the Director-General issued an important warning, stating that the current window to contain the pandemic is shrinking and that the international community must act quickly. On February 22, the World Health Organization published the first technical review guidelines and protocols to be followed for monitoring environments where contamination occurs. On February 24, the team of experts went to Italy. On February 25, 25 international and Chinese experts went to different regions of China. They found that between January 23rd and February 2nd, the epidemic peaked and stabilized there, and since then numbers have declined. Also, a guide for businesses and employers was published on February 26th. On February 28, new cases outside China surpassed new cases in China, and the World Health Organization then raised the global risk to "very high". It also started to release its expansion format in countries. In this first table, there were items classified as "imported items from foreign travel" and "local contamination". On March 5, a social media campaign for precautionary measures was launched. On March 6, nine main areas of research were identified: natural history of the virus, epidemiology, diagnosis, clinical management, ethical and social science issues, long-term treatment and vaccines. On March 7, the number of global cases surpassed 100,000. On March 11, the World Health Organization declared the coronavirus a pandemic for the first time. A significant development in the picture of transmission was that each country with cases moved from lower levels of transmission to some form of "local transmission". On March 16, the total number of deaths outside China exceeded that of China, and it was emphasized that even mild cases should be isolated. Throughout this time, the World Health Organization continued to educate health care professionals and inform the public, as well as its role as a guide in terms of diagnosis and treatment and bringing together member states. The World Health Organization said on April 25 that no data was available and that it had sent



diagnostic kits, medicines and protective equipment to countries without adequate health systems. The organization continued its mission of providing information and guidance on vaccine studies, as well as collaborating with other relevant institutions and organizations in the fields of food safety, international transport and trade. On April 3, the Director-General of the World Health Organization and the Director of the International Monetary Fund held a press conference together and discussed the economic impact and social welfare programs. On May 22, the Director-General of the World Health Organization, the Director-General of the International Labor Organization and the Secretary-General of the International Maritime Organization came together to issue a joint statement on seafarers' health certification, sanitary conditions on board ships and use. The European Investment Bank and the World Health Organization signed an agreement to accelerate investment in preparedness and primary health care in countries most vulnerable to the pandemic.

### 5-3-The Covid-19 pandemic and criticism of the United States

As the fight against Covid-19 continues, on April 14, the United States decided to freeze funding to the World Health Organization (Trump Press Release, 2020). U.S. President Trump took his critical stance toward the organization, which he had maintained throughout April, to a new high with his announcement on May 19 that the United States would withdraw from the organization. The scope of criticism of the President of the United States (Trump's letter, 2020) can be summarized in several headings. Some of this criticism is based on the claim that China is hiding data, which the WHO has no choice but to explain if this is the case. The reason for his doubt in this matter may be that member states need to cooperate in fighting the epidemic, especially in the flow of samples and data. It has also been seen in the previous examples that the World Health Organization does not take a critical position against member countries, even if they do not cooperate at a sufficient level and do not provide the information that is mandatory in cases of epidemics, because the World Health Organization is an organization that has failed in all its activities. member countries and its activity is based on their cooperation. (Isasi, 2005, 510) The criticism that the expert team can go to China on February 25 and enter Wuhan only on its last day, and the two American members of the team are not allowed to enter at all, can be evaluated in this context. It is not a new situation that some member states are trying to hide the epidemics that have occurred in their countries. In order to prevent this, the World Health Organization cooperates with independent non-governmental health organizations and, if necessary, can request information on this issue from the relevant member state. The experiences of SARS, MERS and Ebola clearly show that countries cover up epidemics. It can also be considered in this context that China gave the information to the WHO on January 3, 2020, not on December 31, 2019, and only did so when the WHO had two consecutive days of information on the matter. Requested On the other hand, since the Chinese authorities made the first announcement about the outbreak on an official government website, it can be argued that they fulfilled their obligation to inform the WHO rather than making a special effort to hide it. he does not give. In fact, the medical journal "Lancet" stated that their claim that they published a news story about this in December is not true and the first news in this journal is dated January 24th. However, WHO officials have yet to explain why they announced the country's declaration date as December 31 on their website. It is critical that the organization did not disclose from the start that it had received the cases from China's country office, independent sources and through its own information request and China confirmed it 3 days later and corrected the date months later. If the truth is not told on such an important matter, the question arises as to whether the truth may have been knowingly or unknowingly not told elsewhere



during the process. It is clear that the claim that the World Health Organization is late in warning the world is not valid. On January 5, when the organization warned the world, the disease had not been seen outside of China. The organization also warned countries to activate their emergency systems on the same day. Knowing that he is dealing with a disease caused by a new virus that was previously unknown, he stated: "Medical professionals must be careful while working with these patients and there is a risk of transmission from person to person." On January 11, warnings were given about release by droplets. Even Trump said on February 26 that the threat of the corona virus to the American people is very low thanks to the measures they have taken. (U.S. Coronavirus Task Force, 2020) The Director General emphasized in early March that countries should take action to find and isolate every case. For this, it was necessary to conduct an experiment with a strong screening effort. With all this in mind, it cannot be said that the World Health Organization, which was criticized for its slowness in the Ebola epidemic in 2014, was slow to diagnose the situation of this epidemic. On the other hand, Trump's criticism that the declaration of the pandemic was made too late is not considered a fundamental criticism, because whether or not the declaration of the pandemic is made will not change anything in the fight against the virus. However, the declaration of a pandemic depends entirely on guidelines developed within the organization and does not impose any binding authority on the WHO. The reasons for this action of the emergency committee, which is competent in this field, must be investigated. The reason for this may also be to avoid taking a stance that would lead to this, as governments seem inclined to impose travel and trade restrictions specifically based on this announcement. While the World Health Organization applauded China's domestic travel restrictions, it criticized the US closure to travel from China, saying on February 3 that travel restrictions do more harm than good. This situation, which Trump expressed as a criticism, may be caused by avoiding unnecessary barriers to international trade and travel. As seen in previous outbreaks, the World Health Organization, with its mandate since before its founding, has always viewed public travel or transportation restrictions negatively. Quarantine rules to prevent actions for prevention of international trade is formulated. Also, countries have resorted to general travel bans and other extreme measures after announcing the outbreak of Ebola (Worsnop, 2017: 7), and one of the reasons for not announcing this news in the first meeting of the emergency committee may be to try to prevent this situation. As for the travel restrictions within China, the World Health Organization was expected not to comment on it, as the decision was made within the country's national borders. It is not surprising that there is little information about the prevalence of this disease and it has not been disclosed at the international level against such a restriction. However, it should be evaluated separately after the end of the epidemic. Criticism that the World Health Organization was aware of the situation and did not comment before the letter from the African countries, which on April 11 complained about the discriminatory treatment of their nationals working in China, is one of the things that is needed. To be investigated from the epidemic. People interpret the World Health Organization's position on the relationship between health and human rights as a technical organization due to its reluctance to interfere in political issues, but this position is not defensible. In fact, the World Health Organization has stated that post-action evaluations will be conducted after crisis situations. Trump's criticism of China's influence on the World Health Organization can be evaluated in different contexts. However, the political and economic relations between the two countries are the subject of another study. Trump made statements that questioned the values of other international organizations, including the United Nations, criticized the World Trade Organization, and then cut off cooperation with the organization.



## 6-Conclusion

Perhaps one of the most popular comments during the Covid-19 pandemic is that global cooperation is essential in such a situation. The realization of this interpretation, which can be considered a stereotype, is another matter. Because the first concern of governments in this case is to prevent this epidemic from entering their country. This apprehension, as always observed, causes the most severe measures to be taken against the countries in which the epidemic originates or spreads. The World Health Organization has faced many criticisms, some of which have been expressed for a long time and some of which have recently come up during the corona epidemic process. However, when it comes to reform, it seems difficult to reach a consensus on how to do this. Over the years, many proposals have been made, from creating a new organization to replace the World Health Organization to abandoning the organizations model in which member states are designated and replacing it with a model that focuses on non-state actors. WHO is accustomed to responding to new issues, problems or criticisms in the field of work with recommendations from the Secretariat rather than binding regulations? This situation should not be considered in isolation from the reform initiatives that emerged in the UN system in the 1990s. No changes were made in the United Nations system at the level of the founding treaty, but many changes have been made at the administrative level, especially the Secretary General of the United Nations. While the main goal on one hand is to provide a more effective management, their overarching goal is to reduce costs. But it must be acknowledged that the only problem is not only the financial problem. During the outbreaks of SARS, Ebola and Covid-19, three different people who were CEOs had three different approaches to managing the outbreak. The most critical of these is the management of Ebola, who wanted to almost ignore the pandemic. During the SARS epidemic, Director-General Brundtland provided recommendations to member states, although he did not yet have legal powers. The administration of the World Health Organization has performed well in the field of using technology and informing the public opinion of the world, but it has not proposed an approach that criticizes or strongly directs any member country of the World Health Organization, on the contrary, it prefers He emphasized that power is in the hands of governments. However, this approach does not justify the interpretation that WHO is under Chinese influence. The World Health Organization does not have the power to force countries. Although the International Health Regulations in 2005 expanded their authority in terms of epidemics, they did not change their content much. The information that governments have on whether they are meeting their obligations depends on the reports. But the factor that made the Director General's approach decisive is precisely the organization's avoidance of accepting binding documents or regulations and trying to carry out its duties with recommendations at the secretariat level, the results of which were clearly seen in the Ebola epidemic in 2014, in terms of speed in The process of the Covid-19 pandemic was not a problem. However, the statements and recommendations contradicted each other from time to time, and data on the course of the epidemic later changed. Maybe this situation needs to change in the future. The power to declare and the ability to obtain information through non-state actors are important changes introduced by the 2005 Charter that have made the organization's epidemic surveillance activities more effective. However, the Ebola outbreak has shown that the existence of these possibilities does not guarantee success. In the evaluations carried out after this epidemic, various solutions were proposed, including the creation of new and non-political offices or committees to assess health emergencies, emergency funding to ensure a quick response, incentives to ensure member states are informed of emerging cases. However, member states refused to increase their share of the budget, keeping the organization dependent on



voluntary contributions and defunding the work needed for global health screenings. Time will tell if this situation will change after the pandemic. If necessary, it is clear that the World Health Organization will use all the tools at its disposal in this process and provide continuous and regular information, especially for the training of health workers, the sending of basic medical equipment to countries in need, and the dissemination of correct and not incorrect information.



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