UDC 327

THE ROLE OF IR IN THE FIGHT AGAINST COVID-19

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The outset of COVID-19 pandemics is both health emergency problem of politics of each state and politics which orchestrate the needs of state governments in one international organization, such as the World Health Organization. The outbreak shows that different states are making different responses and it is vital to understand whether states take notice of the WHO or deploy their own political decisions. The director-general of the WHO, Tedros Adhanom Ghebreyesus stated that health emergency preparedness requires global political cooperation, not isolationism. However, recently Dr Tedros expressed that "COVID-19 politics should be quarantined… Politics and partisanship has made things worse. What is important is science solutions and solidarity"1. The effective management of COVID-19 demands the acknowledgement of the significance of diplomacy and international relations as well, either by states or the WHO. That is, people around the world experiencing survival under various global political administrations can be damaged by this insufficiency.

The International Health Regulations (IHR) Emergency Committee held its first meeting to discuss about the outbreak and decide whether the outbreak had obtained the status of a public health emergency of international concern (PHEIC) on 22nd of January, 2020 2. According to the IHR legislation, only the director-general with the suggestion of the Emergency Committee can decide to announce the PHEIC. This Committee consisted of technical experts, appointed by member states and representatives from state in which the health emergency is taking place, thus to take account of those state's position in the process of decision-making. On 30th of January, 2020 the WHO declared the PHEIC and according to the statement of Dr Tedros the decision was not connected to presented danger in China, but it concerned with danger in countries that has low, middle income and unprepared health system3. On 14th of April, 2020 the USA announced the cessation of financing to the WHO because of the failure of organization "to adequately obtain, vet and share information on COVID-19 in a timely and transparent fashion"4. Although, this announcement was disproved widely, it shows that trust between actors of international health arena is not established effortlessly. The trust in the WHO, which guides international community through the outbreak, was being tested by states. For instance, the WHO's recommendations to "test, trace, isolate" to decrease virus transference and advices on travel and trade, issued under the IHR were not followed by every state5. In May, 2020 the World Health Assembly corresponded that the WHO should introduce an independent assessment of the lessons, which were learned from the global health response to the outbreak. Therefore, in July, 2020 the Independent Panel for Pandemic Preparedness and Response (IPPR) was created. When Dr Tedros reported the creation of the IPPR, he said that despite the recognized lessons, the considerable threat is the "lack of leadership and solidarity at the global and national levels"6. However, six month later from the outset of COVID-19, the rapid increase of cases and the fail of governments to keep safe citizens could be observed. Global health and its institutions see health system as separate – technically, socially, economically – from the political ideologies of nations, so it is typically agnostic about the kind of political system a country chooses to adopt7. The truth is that global health institutions can not be separated from politics and political decisions. In this case, the political decisions may remain secondary to the value of technical epidemiological advice, so the lack of IR knowledge is problematic for the outbreak response.

Basically, along with transparency and accountability, leadership and governance are recognized as 2 domains under which governments can increase capacity of state to response the outbreak. These domains are measured by whether state has national and regulatory law frameworks, cooperation system on whole society attitude and structures for centralized or federal systems.

Nevertheless, although leadership and governance can help domestically in outbreak situations, the checklist of these 2 domains can not always provide us with how a state will behave with others in the global system at time of crisis. The evaluation of the international relations environment in which collective action is more essential than acting alone is missing in the ongoing global health discussions on the coordinated response to the outbreak. Otherwise, there is a risk of multilateral cooperation, especially, when global supply chains, global trade routes and broader international cooperation is necessary to protect population and health system until the creation of vaccine, if it is ever created. Even the coordination, distribution and provision of vaccine needs coordinated health diplomacy among different political systems.

Talking about the orchestration and coordination of cooperation between states during health emergencies of the WHO in general, in 2005 the revised IHR adopted, which stands for the commitment of States Parties to collectively prepare and respond to public health emergencies of international concern, based on a single set of rules. States Parties and the Director-General report to the World Health Assembly on the implementation of the IHR. Member States use a self-assessment tool for their annual reporting called the Member States' Self-Assessment Annual Reports or SPAR. SPAR (Member States' Self-Assessment Annual Reports) consists of 24 indicators for 13 IHR capacities needed to identify, assess, report, report and respond to public health risks and emergency events of national and international concern. These 13 capacities under the IHR are legislation and financing, IHR coordination and national IHR focal point (NFP), zoonotic events and human-animal interface, food safety, laboratory, surveillance, human resources, national health emergency framework, health service position, risk communication, points of entry (POE), chemical events, radiation emergencies. At mid-year, States Parties are informed of the initiation of a self-assessment and reporting process to the World Health Assembly using a multisectoral approach to gather input from all sectors involved in realizing the core IHR capabilities8. States Parties' Electronic Self-Assessment Reporting Tool (e-SPAR) is a web-based platform offered to support States Parties to the International Health Regulations (IHR) in meeting their obligation to report annually to the World Health Assembly (WHA) on implementing the core capacity requirements in accordance with these rules, and with the aim of ensuring transparency and mutual accountability among States Parties regarding global public health security through the WHO IHR monitoring and evaluation framework. So, through the authority of the WHO, there have been attempts to orchestrate various contexts. However, the management of these contexts, first and foremost, was concentrated on structural, systematical issues, which consider a size of a country, federated systems and overseas territories, not on real political picture, which considers important analysis of governance capacity. The assessment of the capacity to execute the IHR is lead by the knowledge gained by the IHR e-SPAR website and its guidance documents, which is linked to governments' legislation, technical proficiency and epidemiological training. It means that the capacity to execute the IHR is separated from state's diplomatic, political and economical positions.

The interrelationship between domestic and international politics can be reached through the IR. On a daily basis, politics can change domestically and internationally, because actors of international relations behave differently in the times of new events. So, at current health emergency, it is important to analyze contemporary political environment, not to accept that such experience can be easily solved on the basis of past knowledge as it is a common sense. The understanding of the entry points of IR is important here. One of the offers may be to establish a Politics in Health Emergency Preparations, to understand what was missing from relations between international organizations, states and academics. For example, why not also engage human rights, diplomatic and political implications to decide a PHEIC declaration? The diplomatic capacity of each state and its independent analysis to report outbreak events remain mainly vital when it concerns if outbreak could rapidly increase.

Every state is unique with its own decision-making and political structure, executive, legislative and judicial branches. The navigation of global health community under these institutional differences of each country can be reached through the maintenance of area-specific political scientists, humanitarian and comparative analysts and global health governance experts. During such

health emergencies, different historical developments and political structures of different states further affect which ministries have decision-making mandate and which have convincing authority to overcome outbreak responses. Therefore, working with area-specific political scientist, analysts and experts who are aware of all features of a particular state location can make certain that there are conversations in relevant order with relevant parties, taking into account a global outlook. During the Ebola outbreak in West Africa, a lack of knowledge of local governance aggravated the apparent haphazard response of WHO headquarters from both international and domestic political actors, leading to an unprecedented deployment of international military forces and the creation of a new UN institutional response, UN Mission for Ebola Emergency Response (UNMEER) 9. IR leadership at that early stage could identify alternative hybrid governance mechanisms that could assist the WHO headquarters in the outbreak response.

Disease outbreaks show tensions in collective management. The IR can provide public health officials with an insight into transnational networks that existed before crises. For instance, a global governance analysis can explain how the WHO works and how it interacts with different actors and it can consider what has worked, what states has faced with, what has brought nations together and divide them, how to incorporate lessons learned and which policy maneuvers work during crises. During the 2009 H1N1 and the West African Ebola outbreaks, a mismatch arose between what the WHO is mandated to do by its charter as "the governing and coordinating body for global health" and what the world expected of it10. During H1N1, the world expected less from the WHO and then, during Ebola, the world needed a task force ready to respond to outbreaks with field personnel11.

Moreover, the IR can explain deviations from the global regulatory and legal frameworks. For instance, prior to 2006, governments regulated to share virus samples of emerging pathogens with the WHO, so that it could control the global health community to conduct treatment options. In 2007, Indonesia refused to provide the WHO with H5N1 viral sample, citing the Convention on Biological Diversity and the ownership of biological samples within a sovereign state and it leaded to much diplomatic tension12. Indonesia was feared that vaccines developed from their virus samples would not be available to them. An understanding of the politics in such case would allow for nuanced negotiations from the outset to allay such fears. The IR also examines a state's compliance with reporting requirements for outbreaks to the WHO and how states are willing to share such data. Scientists first identified this type of problem following China's actions during the SARC outbreak, when the government of China delayed in reporting and hided cases and it led to a basic reconsideration of global disease management through changes to the IHR13. There are notable rumors that Tanzania hided the spread of Ebola from the neighboring Democratic Republic of the Congo in 2019 and Turkmenistan insisted that it has no COVID-19 cases in July, 2020 14. So, public health officials know that states are not the same, the IR studies why states are not the same.

The role of IR during current COVID-19 response is vital for effective management of the WHO. There must be an independent review of states' response. The understanding of the political landscape of each country to be sure that policies that created by the WHO can be integrated into political reality after COVID-19 pandemic. The IR research can assist the WHO with orchestrating states' diplomatic and geopolitical relationships.

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