

# 14.1 Covid-19 Response

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## In focus

The Secretariat advises:

Further to the [document](#) submitted to the Executive Board at its [fifth special session](#) (on the COVID-19 response), the Director-General will submit a report ([EB148/16](#)) to provide the Board with an update on the Secretariat's activities to combat the pandemic of coronavirus (COVID-19).

## Background

[Recent GB discussions of Covid-19](#)

[Secretariat Covid-19 portal](#)

[Website of Independent Panel](#)

WHO Media Release (24 Dec 2020), [WHO's Covid-19 Response](#)

WHO's [Timeline of the Covid-19 response](#)

GHF report on [US Brazil Governance Reform Proposals](#)

## PHM Comment

The WHO Secretariat has done a commendable job in the Covid response. This needs to be acknowledged, particularly in view of the vile abuse which has been directed at WHO from the US president and his acolytes.

However, this report ([EB14816](#)), focused solely on WHO's activities during the pandemic, is not very useful, either in terms of evaluating the performance of WHO or learning lessons for the continuing (or the next) pandemic.

The report studiously avoids any comment on the performance of different member states in managing the pandemic or any lessons which might be learned from the variations in response and outcomes.

Paras 2 to 10 provide lots of numbers regarding plans, websites, meetings, events, guidelines and teams and there can be little doubt that these activities have made a huge contribution to managing the pandemic. However, the data are not presented in the context of the evolving pandemic so it is difficult to make sense of them. For example, the report advises that more than 33 million diagnostic products, including polymerase chain reaction tests and sample collection kits, have been shipped to 142 countries across all WHO regions. Presented out of context it is not possible to know if this was too many or too few.

Even across the limited scope adopted for this report some important activities have been ignored, including, the C-TAP proposal, the Secretariat's role in the ACT Accelerator (including Covax), the failure of the Solidarity [vaccine trials](#) proposal, the DG's support for the India/South Africa waiver proposal and the current investigation into origins. There is no mention of any advice provided to the DG by the [IHR Review Committee](#) (see [EB148/19](#)).

The C-TAP proposal was adopted by the WHA and supported by the DG. It was a bold, forward looking initiative which was ignored by the rich countries and sneered at by representatives of Pharma. This report should be calling for continuing to explore alternative innovation regimes.

The ACT Accelerator was deliberately constructed as a multi-stakeholder public private partnership outside the reach of the World Health Assembly. WHO has been used to give legitimacy to the initiative, but the Bill and Melinda Gates Foundation plays a far stronger role in its governance than the World Health Assembly. Despite being sidelined in this way the WHO secretariat still has an obligation to report to the MS on what positions it took in these bodies and the progress that each of the four pillars are making.

There is no reference in this report to the Solidarity [vaccine trials](#) proposal which appears to have been boycotted by all the major vaccine developers and manufacturers. As a consequence, as vaccination is being rolled out in many countries, we still have no head to head comparative data regarding the performance of candidate vaccines. This is a major failure of global health governance which should have been explained in this report.

To his credit, the DG supported the Indian and South African TRIPS waiver proposal which remains a live proposition and quite critical in terms of scaling up the production worldwide of Covid related health products. It is unfortunate that there is no reference to the logic of this proposal in this report.

Even accepting this sole focus on WHO activities there is no reference to the possibility of mistakes occurring and lessons being learned from such mistakes. There is no clarification of (what appeared to be) WHO's acceptance of Chinese assurances in January 2020 regarding the 'lack of evidence of human to human transmissibility'. There is no reference to the debate

over the role of aerosol transmission and the place of population wide masking to prevent transmission. There are no reflections on the role of travel restrictions on transmission during the Covid pandemic having regard to the widespread use of such restrictions and the traditional opposition of WHO to the use of such measures.

This report is about the Secretariat's response, not that of the member states. However, the report highlights the role of the Secretariat in monitoring the pandemic and national responses including the maintenance of essential health services and providing guidance and advice.

The extensive use of lock-downs, organized by security personnel and lacking public health guidance contributed to a great deal of avoidable pain and suffering, especially affecting migrants.

The lack of surge capacity in many MS impacted on essential health services, including public health services upon which poor people depend. Re-purposing such essential health services for Covid19 response is unacceptable. Health system surge capacity needs to be recognised as a key element of health systems preparedness, an obligation under IHRs.

In many countries private health care resources have been recruited into the Covid response but the coordination arrangements needed to seamlessly integrate public and private personnel and facilities were not in place.

There is a critical need to reflect upon, and learn from, the experience of the Covid pandemic so as to strengthen emergency preparedness and response for next time.

The rich countries have racked up huge debts to mobilise resources for the response and to cushion the economic impact of the pandemic. However, the opportunities for such commercial borrowing are much more restricted for L&MICs. Accordingly they have been more dependent, for the funding of measures to ameliorate hardship, on the International Financial Institutions, in particular the IMF and the World Bank. However, IMF and WB lending to support L&MICs through the pandemic has been [meagre and subject to tight restrictions](#). The paper does not report any advocacy by WHO in relation to this failure.

## Notes of discussion

[EB148/CONF.14](#) - Strengthening WHO's global health emergency preparedness and response. Draft decision proposed by Australia, Canada, Chile, European Union and its Member States, Iceland, India, Indonesia, Japan, Maldives, Monaco, Montenegro, New Zealand, Norway, Peru, Republic of Korea, Singapore, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America and Uruguay