



# **The Effectiveness of the World Health Organization in Pandemics and the Future of the Post-Pandemic Era**

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## **The Effectiveness of the World Health Organization in Pandemics and the Future of the Post-Pandemic Era<sup>1</sup>**

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### **Abstract**

World Health Organization (WHO) is the specialized agency of the United Nations (UN) which was established in 1948. It has its Headquarters in Geneva, 6 different Regional Offices and 149 Country Offices. World Health Organization's mandate, priority areas and working fields are decided by its Member States. Its primary decision-making body is the World Health Assembly (WHA) with WHO Executive Board (EB). World Health Organization's work is determined and reviewed at the WHA by instructions and approval of official delegations authorized by Member States. World Health Organization Director General and staff, together constituting Secretariat, are responsible of implementation of decisions. WHO is an organization that is setting standards and norms in the field of global health, therefore WHO has an impact and mandate on particularly as the directing and coordinating authority, norm and standard setting agency, providing support in cases of emergencies and development of health policies health systems countries. Being a legal framework of detection and control of public health risks at its origin before crossing border, The International Health Regulations (IHR imposes some obligations on WHO and assigns some responsibilities on Member States. Some global health problems and lately the COVID-19 pandemic has led to some criticisms on World Health Organization and brought up the future of World Health Organization for discussion in the post-pandemic era.

### **Keywords**

*World Health Organization, WHO, pandemic, post-pandemic, COVID-19*

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## Introduction

### Foundation, structure and functioning of World Health Organization (WHO)

The World Health Organization (WHO) is a specialized agency of the United Nations (UN) operating in the field of health. The UN has more than 40 specialized agencies, but the number of agencies with executive duties is limited. The World Health Organization is one of the main UN organizations with executive duties (Table 1).

**Table 1.** United Nations Specialist Organizations

Abbreviation	Institution
<b>WHO</b>	World Health Organization
<b>FAO</b>	Food and Agriculture Organization
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>IOM</b>	International Organization For Migration
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>ILO</b>	International Labour Organization
<b>UNDP</b>	United Nations Development Programme
<b>ICAO</b>	International Civil Aviation Organization
<b>IMF</b>	International Monetary Fund
<b>ITU</b>	International Telecommunication Union
<b>IMO</b>	International Maritime Organization
<b>IAEA</b>	International Atomic Energy Agency
<b>UNWTO</b>	World Tourism Organization

World Health Organization established with the basic principle that health is a fundamental human right and that everyone has the right to access health equally. At the International Health Conference held in New York, the Constitution of the World Health Organization was prepared in July 1946 with the work of representatives of 51 UN Member States and various UN agencies and non-governmental organizations operating in the field of health. With the ratification of the Constitution by 59 member states, including Turkey, it officially became the UN specialist body on 7 April 1948 (Ministry of Foreign Affairs, 2020). It currently has 194 members. April 7, the anniversary of the Organization's founding, is celebrated annually as the World Health Day (World Health Organization, 2020a).

The Constitution of the World Health Organization states that the purpose of the organization is to get access to the highest attainable level of health for every person. Health, on the other hand, is defined in this Constitution as "a state of complete physical, spiritual and social well-being, not merely the absence of diseases or infirmity" (WHO, 1946).

Priorities, fields of work, and level of authority of the World Health Organization are determined by Member States. The main decision-making bodies are the World Health Assembly (WHA) and the Executive Board (EB) of the World Health Organization. In the WHA, with the guidance and approval of Representatives appointed by the governments of the Member States, the work of the World Health Organization is directed and supervised. WHO Director General and its technical staff are responsible for the execution of these decisions.

**World Health Assembly (WHA):** It reassembles every year in May in Geneva, where the Headquarters of the Organization is located, with the participation of Ministers of Health of Member States or their Deputies. The Assembly has basic duties such as determining the basic policies of the Organization, electing the members of the Executive Board, appointing the Director General of the World Health Organization nominated by the Executive Board, supervising the financial policy of the organization, reviewing and approving the budget. The Assembly held annually in Geneva, Switzerland, where the headquarters are located, performed its 73rd session in 2020 in virtual environment due to COVID-19. The majority of the Member States in the Assembly constitute the quorum for the meeting. Resolutions on important issues such as ratification of agreements, exchange of status certificates, adoption of agreements on co-operation with the UN and other international organizations are taken by 2/3 majority, while decisions on other issues, including the determination of matters to be considered important, are taken by absolute majority.

**Executive Board (EB):** It is composed of expert representatives of 34 countries elected by the Assembly for three years. One-third of its members changes every year. Executive Board meets at least twice a year, one in January-February and the other in May immediately after the Assembly. Executive Board meetings

are the processes in which the agenda of the Assembly is decided and the drafts of the decisions to be taken are shaped. Furthermore, budget and progress reports are reviewed, and current global health issues are addressed. The candidates for the general directorship are also evaluated in the Board and the selected candidates are submitted for the approval of the WHA.

The Director General of the WHO has a very effective position in the administration of the Organization and in the implementation of policies. It is elected by secret voting from among the candidates nominated by the governments of the Member States for 3-year terms by the Executive Board and appointed by the Assembly.

The Director General is elected by two-thirds of the votes in the first two rounds of voting, or by a majority of votes in the ongoing round if this ratio is not achieved (WHO, Rules of Procedure of the World Health Assembly, 1955). Currently, in the 70th meeting held in 2017, Tedros Adhanom Ghebreyesus won the election by being nominated by Ethiopia, and he continues his duty as WHO General Director. The WHO's work at the global level is carried out by its headquarters in Geneva, Switzerland. At the regional level, work is carried out by 6 Regional Offices which are for Africa, the Americas, Europe, the Western Pacific, the Eastern Mediterranean, and South-East Asia (WHO, 2020). At the country level, there are currently 149 field offices. Countries that do not host the WHO Country Office are supported by Regional Offices.

### **World Health Organization Work Areas**

World Health Organization is the principal guiding and coordinating authority in the international health field and also it sets global norms and standards in the field of health, provides emergency support and provides significant technical support for health policies and the development of health systems in underdeveloped countries.

In the World Health Assembly, the first of which was held in 1948, the priority areas of the WHO were identified as malaria, tuberculosis, venereal diseases, maternal and child health, healthcare organization engineering and nutrition (McCarthy, 2002). Over time, however, the field of work has greatly expanded in line with the decisions made by the Member States.

In the first years of its foundation, WHO has focused on infectious diseases, which were the leading health problems of the period and also the issue of standardization in medicines and vaccines was also on the WHO's agenda during this period (Roemer, 1993). Between 1966 and 1979, studies on the eradication of smallpox and the official realization of the eradication of this disease as approved by the Thirty-Third World Health Assembly in 1980, WHO has proven the important role it plays in global health (Frank, 1988). This success paved the way for WHO to launch vaccination campaigns for diseases such as diphtheria, pertussis, measles, polio and tuberculosis, and others (Roemer, 1993).

Alma Ata Declaration has been an important step in the expansion of WHO's work areas. The Alma Ata Declaration, adopted at the Conference held in 1978, defined primary healthcare services as the basis of development and social justice and placed them in the center of the global health agenda (WHO, Alma Ata Declaration, 1978).

In 1981, a new era began with the detection of the first AIDS cases and the discovery within a short time that the Human Immunodeficiency Virus (HIV) was the cause of this disease. The concepts of 'internationalization of health' and 'global health' began to be widely used as of this period. WHO started global AIDS surveillance as of 1983 (Youngerman, 2008).

Many infectious diseases with global importance such as tuberculosis, malaria, polio, influenza, yellow fever, HIV, SARS, Ebola have been included in the WHO agenda.(Arata, 2005). Since 2004, The WHO has initiated studies on the flu pandemic and has stated that it is likely that the probable cause is due to Avian Flu and that member states should make national plans and preparations. In fact, although the source was not avian flu, the experience of the H1N1 pandemic justified the organization.

Today, World Health Organization work areas include not only infectious diseases but also many basic health issues such as public health, cancer, diabetes, obesity, mental health, reproductive health, tobacco and alcohol use, environmental health, nutrition, aging, water, and hygiene. The Framework Convention on Tobacco Control is an important example of this as the global binding convention in the field of health.

### **International Health Regulations-IHR**

Efforts to prevent the spread of diseases internationally have been ongoing throughout history (Heymann, 2005). For this purpose, quarantine practices, which started in early ages and intensified in the 18th and 19th centuries to prevent plague and cholera outbreaks, have left their place to IHR today (Howard-Jones, 1975).

This regulation is a document that is binding on 194 Member States of the WHO and has been prepared for six "quarantinable diseases" which are "designed to prevent the international spread of diseases", based on the WHO Constitution, in accordance with the demands of the Member States. The First Regulation was signed in 1951 as a joint and binding agreement with Member States, and the International Health Regulation (IHR) was adopted for the first time in the 22nd WHA in 1969. The aim of the IHR is expressed as "to ensure the maximum security against the international spread of diseases with a minimum interference with world traffic" (WHO, International Health Regulations, 1969) Notification of certain infectious diseases was made compulsory with IHR and IHR was revised in 1973 and 1981 to make changes in the list of notifiable diseases. By the 2000s, IHR was found insufficient to



meet the needs and in 2003, a draft was prepared for the IHR update and presented to the views and suggestions of the Member States. The final text was adopted in the 58th WHA in 2005 and entered into force in 2007 (WHO, International Health Regulations, 2005).

The purpose and scope of IHR (2005), which is an international agreement, is defined as follows in the introduction section: “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.” (WHO, International Health Regulations, 2005).

IHR obliges Member States to detect public health emergencies of international concern and notify the WHO about them. The IHR also defines the capacities required for countries to detect these events. The Member State must report World Health Organization about the incident it has detected within 24 hours. Following the notification, if necessary, after the risk assessment, the WHO General Director convenes the Emergency Committee. The Emergency Committee consists of a pool of experts made up of members proposed by Member States, experts selected by the Director-General. After the Emergency Committee evaluates the subject presented to it and transmits its opinion to the General Director, the final decision in the announcement of public health emergency of international concern belongs to the General Director, who received the opinions of the Emergency Committee.

On the other hand, the Ebola virus epidemic, which started in Guinea in 2013 and spread to Liberia, Nigeria and Sierra Leone as of August 2014, has been evaluated by the Emergency Committee as an extraordinary situation and and the Committee recommended to announce it as public health emergency of international concern. This recommendation was created considering the virulence of the disease and the high mortality rate, as well as the weaknesses of the health systems of the countries where the epidemic occurred. Although the number of active cases known as of April 2020 is only three, the continuation the status as public health emergency of international concern, taking into account the risk of rapid spread of the disease, was proposed by the Emergency Committee and accepted by the WHO Director-General.

Emergency Committees established for certain diseases within the scope of IHR are of great importance in terms of making these diseases a priority in the global health agenda. Many diseases such as polio, MERS-CoV, Zika virus and Influenza (H1N1) have been evaluated in the Emergency Committees as required by the IHR and have been prioritized in the health policies of both Member States and WHO (WHO, IHR, 2020).

As a result, this mechanism created within the scope of IHR ensures that infectious diseases are effectively followed, evaluated, and acted all over the world. The Emergency Committee addresses the disease brought to its

attention in all its known dimensions, and the national, regional, and global capacity for disease prevention and control plays an important role in the final decision.

### **The Sanction Power of World Health Organization**

The WHO has been the leading bearer of many important issues at the global level. One of the WHO's most obvious tangible achievements acknowledged on a global scale, is the eradication of smallpox. The Framework Convention on Tobacco Control (FCTC), adopted in 2003, has made the WHO a pioneer in the fight against tobacco at the global level (Reubi and Berridge, 2016). In many parts of the world, many studies such as improving public health, strengthening health systems, surveillance of infectious diseases, elimination of diseases, creation of reference laboratory networks make the WHO a vital organization. Considering the establishment of disease monitoring and surveillance systems in many underdeveloped or developing countries by the WHO within the framework of the polio program, the importance of the WHO can be better understood.

When evaluating WHO's sanctioning power, it should be noted that it is an intergovernmental organization. This means that its mandate and sanction powers, as well as all areas of operation are determined by its Member States. It is possible to say that when decisions are made on WHO by member states with different technical and political views and approaches, the policies and strategies that are most agreeable, not the ones that give the authority Authority, have been adopted.

On the other hand, although WHO decisions may be at various binding levels, there is no sanction authority for matters not implemented by Member States.

### **World Health Organization Member State Work**

World Health Organization works with countries in the process of supporting the development of national health. In the process governments and stakeholders in the creation and updating of National Health Strategies and plans which are suitable within the scope of the commitment to provide technical support offices in countries, while in some cases, from the regional office or headquarters can provide support. WHO works in collaboration with national health authorities, namely Ministries of Health, and proposes support in provision of preventive-curative health services and in some cases it works with other UN agencies, NGOs and affected communities to implement and monitor implementation of programs and works. In terms of mobilization of resources and support of advocacy, the support of Country Offices is more important.

World Health Organization continues to carry out close and continuous work with countries and to take an active role in monitoring and evaluation

activities, both in accordance with the Establishment Law and in accordance with the country work programs and the IHR, within the framework of its mission and vision.

### **World Health Organization in the process of COVID-19**

The outbreak was first identified in Wuhan, China, in December 2019. On 31 December 2019, the WHO Country Office in China was informed of cases of pneumonia of unknown origin detected in Wuhan City, Hubei Province of China. In this announcement, Member States are invited to continue the surveillance of acute respiratory infections. World Health Organization advises against the application of any travel or trade restrictions on China based on the current information available on this event (WHO, Pneumonia of unknown origin - China, 2020)(WHO, 2020).

On January 10, 2020, WHO issued a series of temporary guidelines to inform countries and take preventive-protective measures, but did not recommend any travel or trade restrictions, only expressed their opinion on strengthening emergency health preparedness in line with the IHR (WHO, 2020). The WHO published its first Status Report on January 20, 2020. In this report, WHO announced that the first case was seen in Wuhan, Hubei Province, and 44 pneumonia cases of unknown origin was reported between 31 December 2019-3 January 2020. On 11 and 12 January 2020, the evidence is highly suggestive that the outbreak is associated with exposures in one seafood market and also in the same report, as of 20 January 2020, 282 confirmed cases of 2019-nCoV have been reported from four countries including China (278 cases), Thailand (2 cases), Japan (1 case) and the Republic of Korea (1 case) (WHO, 2020).

In the early stages of the disease, the WHO dealt with the issue in many unknown contexts. In the first half of January, the disease was known to be caused by a Coronavirus. WHO mission to China issued a statement saying that there was evidence of human-to-human transmission (WHO, WHO Timeline - COVID-19, 2020) In this context, WHO has included local, regional and global risk assessments in its status reports. As of the first published reports, the risk level for China was announced as very high and the regional and global risk level was announced as high.

WHO issued its tenth status report on January 30, 2020, announced that a new Coronavirus Emergency Committee meeting had been held within the scope of the IHR on COVID-19, and declared an “Public Health Emergency of International Concern” by the Director General in accordance with the committee’s recommendation (WHO, 2020). The report stressed the need to strengthen global diagnostic capacity for improving surveillance, early diagnosis and monitoring the spread of the disease, but noted that human-to-human transmission is limited and that no health measures related to travelers are yet needed (WHO, Situation reports, 2020). At the time of this decision, the total number of cases in the world had risen to over 7000, and there were more cases of the disease in 18 countries other than China.

The WHO changed its travel recommendations for COVID-19 only on 29 February 2020. At this date, the number of cases at the global level reached to 80 thousand and the number of affected countries approached to 40. While the disease was under control in China as of March, it increased significantly in the European Region, and at the end of March, a rapid increase in the number of cases started in the United States (USA). As of mid-May 2020, there was not a country unaffected by the disease, the number of cases at the global level has exceeded 5 million.

On a global scale, after Germany, Japan, Vietnam, the U.S.-Centers for Disease Control and Prevention (CDC) declared the first human-to-human transmission on January 30, 2020. This statement caused a breaking point in the WHO's approach to the issue, as it proved that the spread of the epidemic from people to people, as well as from people with no history of travelling to China, is increasing rapidly. On January 31, 2020, the day after the WHO's announcement, the United States also declared a public health emergency due to Coronavirus infection.

WHO has closely followed the spread of the COVID-19 outbreak in the world, and the WHO Director-General holds frequent and regular press conferences. Although the announcement of public health emergency of international concern, which is the highest level of emergency qualification under the IHR, took place in late January, the pandemic announcement was made in March, which could have contributed to a significant increase in global efforts. At the press conference on 11 March 2020, COVID-19 was described as "PANDEMIA" (WHO, WHO Director-General's opening remarks at the media briefing on COVID-19, 2020). WHO has also argued that the pandemic has occurred in a natural course by not giving premium to conspiracy theories such as biological attack and laboratory accident as the cause of the epidemic.

### **Criticisms against the World Health Organization**

Criticisms against WHO are frequently voiced on various issues. WHO's response power and operational capacity to health emergencies has always been a difficult issue to reach consensus among Member States. WHO's current capacity in this area is focused on supporting member states' capacities (WHO, 2020). It is claimed to focus on the process, not action, and it is criticized for failing to have adequate powers in cases where they are incapable of intervening in emergencies (Checchi et al., 2016).

During the COVID-19 Pandemic, WHO has also been criticized for delay in declaring a emergency and a pandemic. The WHO has also been self-critical that there has been some delay. However, while it may be said that China has been more proactive in explaining COVID-19 cases compared to SARS cases, various evidence showing that the first cases began before November suggests that China has delayed sharing cases with WHO and has not acted transparently enough, partly mitigating WHO's error.

With the increase in the number of positive cases in the United States of America (USA) in the same period, criticisms towards WHO gained a new dimension. President Donald Trump has accused China for the occurrence of the diseases and WHO for not preventing international spread. President Trump has voiced WHO's failure to fulfill its main mandate and its pro-Chinese position (Financial Times, 2020). As a result, as of April 15, 2020, President Trump has announced his decision to suspend voluntary contributions from the USA to WHO (Fedor and Manson, 2020). The USA is among WHO's biggest donors. The U.S. pays 22% of the total assessed contributions from Member States. This corresponds to 119 million USD in 2019. Considering that its voluntary contributions were 300 million USD in 2019, the total contribution of the USA to WHO in 2019 was 419 million USD (KFF, 2020). In this regard, it is obvious that there will be a significant deficit in the WHO budget.

More important than the financial contribution is the questioning of WHO's impartiality and adequacy as a result of the harsh criticism. However, contrary to what was feared at the first stage, rather than the wear of the WHO legitimacy, many countries expressed their support for WHO and increased their financial support and strengthened their views. Many leaders, such as German Chancellor Angela Merkel, Canadian Prime Minister Justin Trudeau, Italian Chancellor Giuseppe Conti, and French President Emanuel Macron, expressed their support for WHO. German Foreign Minister Heiko Maas likened the US suspension of funds to WHO to "dismiss the pilot in the middle of flight" and stated that WHO is the skeleton for combating the pandemic (DW, 2020). The claim that the current General Director was elected with the support of China was also expressed in political evaluations interpreted as the payment of a dietary debt for China.

The USA has repeatedly stated and repeated that it is resolutely standing behind its policy against WHO. The 73rd World Health Assembly, which was held between 18-19 May 2020 and where all the participants first attended via remote connection, came to the forefront as the highest level of global health platform where the country's position was clearly stated again. During the speech of the General Assembly, US Secretary of Health Alex Azar stated that the WHO had failed to obtain the information needed by the world during the COVID-19 outbreak, called for transparency and accountability to the organization and its member states, and that the WHO response to the pandemic should be examined and reported by an independent evaluation board (U.S. Mission Geneva, 2020).

Following the statements of Health Minister Azar at the World Health Assembly, US President Donald Trump shared the letter he sent to WHO Director General Tedros on May 18, 2020. In the letter, President Trump has criticized World Health Organization's pandemic management and WHO-China relations in the process since the first occurrence of cases. In addition, the examples given from the SARS pandemic and the travel restrictions recommended by WHO at that time were positively mentioned. The WHO has been asked to make

significant improvements and ensure its independence from China within 30 days, and unless these are done, the interim decision on the US not to transfer resources to the WHO will be made permanent and the US's membership to WHO will be reviewed (Trump, 2020). In the light of these developments, a decision was adopted on the response to COVID-19 at the 73rd World Health Assembly. With this decision, it was decided to evaluate WHO's international response to COVID-19 independently and comprehensively (WHO, 2020). According to the draft resolution published on WHO's page, this assessment is planned to be carried out within the scope of WHO Health Emergencies Program by Independent Oversight and Advisory Committee, which has clearly defined roles and duties and IHR Emergency Committee, and will be reported to upcoming Governing Bodies meetings (WHO, A73/CONF./ 1st Rev.1, 2020).

### **The Future of World Health Organization in Post-Pandemic Era**

Unfortunately, the performance of the UN and other international organizations in preventing, intervening and managing political, economic, security and human crises is not very bright due to its structure (SAM, 2020). Conflict of interests, lack of political consensus, the fact that decision-making processes depend on Member States, and cumbersome mechanisms are some of the main reasons for this situation. It can be said as other reasons such as the Paris Convention, Global Migration reconciliation, the withdrawal of countries that are party to such comprehensively negotiated international framework documents and the weakening of multilateralism on a global scale.

When the developments are evaluated, it is seen that a process has begun in which all the actors involved in the pandemic response process, especially the WHO, can draw important lessons from process management within the framework of the principles of transparency and accountability. If this process is well managed, it will be able to strengthen the WHO and international health governance, which face various challenges in terms of funding, human resources and authority, but if it is managed unsuccessfully it will cause hard damage to the institutional identity of the WHO, which is the principal guiding authority of global health.

It is possible to predict that the criticism of WHO will continue to increase a little more in the post-pandemic period. Furthermore, likely, the number of countries that will support this critical approach led by the United States will increase as the pandemic is brought under control. It seems that it will make it difficult for the organization to fulfill the mission it has undertaken with the absolute majority in decision-making bodies such as the Assembly, and the necessary 2/3 majority in decisions regarding the acceptance of international agreements and cooperation with international organizations.

The United States has an dominant role in the global health media, where it plays a leading role through the powerful philanthropic (charitable)

organizations such as The Rockefeller Foundation, and the Bill & Melinda Gates Foundation which have invested and donated a large amount of money both by government and to health. However, other actors who may take an active role do not seem very keen on this issue and because of this, the future of public health programs which carried out the control, prevention and treatment of HIV/AIDS, TB, Malaria, Polio etc. diseases in low socio-economic countries especially Africa and Asia where enterprise funds such as the Global Fund (GF) will be risked. On the other hand, it seems that China, the other major economic power of the world, which the United States has pointed out as the responsible for the spread of the COVID-19 pandemic, will have to do a lot of effort to justify itself in this regard, as far as it is understood from the policy it has followed and the expenditures it has made in this field, it has not yet made a force in global health. Furthermore, it is known that if the number of infected people is still not too low and the effect of the virus will take months to pass. Therefore, it is likely that in this process of China, to get rid of the charges against it, will be held responsible for the economic crisis that will occur. It should also be kept in mind that China may have to make new moves to fill the gap after USA has withdrawn its support from the WHO.

Although it is difficult to foresee the future anyway, when we look at the criticisms made, it can be understood that the World Health Organization is late in planning and warnings in terms of performance in process management, international measures to be taken, it seems that some countries that have paid heavy prices in the pandemic process will undergo a serious criticism and questioning process. Instead of being shown as the sole responsible of the pandemic on the grounds that WHO did not explain the measures in time and did not direct the Member States; it should be a more rational approach to question the extent to which Member States are performing in taking measures and fulfilling their obligations, especially countries with a high socio-economic development level, and inadequacies and losses experienced in practice in terms of capacity and infrastructure and preparedness. Besides, although the decisions taken by WHO within the scope of IHR are binding, they are in practice in proportion to the strength of the response capacities and health systems of the Member States and have no different response from the recommendation. In this sense, the last pandemic process we are experiencing has been a tough test for countries. Apart from the difficulties experienced, it also provided a painful opportunity for the future in the detection and elimination of deficiencies. In this process, the results of countries' investments in human and health, resilience of health systems, degree of effectiveness of preparations against crises, and early results of the effectiveness of crisis management have emerged.

In the post-pandemic period, an indicator should be added to the health-related parameters used in the countries' level of development criteria such as how strong, sustainable and crisis-resistant health systems are. Another issue that should be evaluated within this scope due to its close relationship with the pandemic is the WHO European Region, which was brought to the agenda at



the WHO European Region Regional Committee Meeting held in Malta in 2012 and was not implemented in the WHO European Regional Committee in 2014, to provide technical support to all member states and to create capacity, projected to be established in Turkey “the WHO Emergency Health Preparedness and Humanitarian Istanbul Technical Office” is the realization that what’s so necessary.

It will be an unrealistic approach to expect an alternative healthcare organization, which is intended to replace WHO as a new international health-related organization, which has already been understood, as long as it cannot be concretely demonstrated that, in the light of our experience, it will not be concrete to demonstrate a more effective performance. Instead of seeking alternative solutions, it can be a more rational and more manageable solution to implement the necessary reforms and arrangements required by the correct detection of the deficiencies of the existing WHO system after the pandemic, and to implement it quickly with a result-oriented structure. In fact, countries do not take a pandemic saying I am coming seriously enough; that national plans are not feasible, there are not enough intensive care capacity in many welfare countries with high populations, drug-protective equipment and medical supplies are not good, early warning and response systems against health threats are not strong enough and they cannot be proactive in the measures to be taken in the control of the epidemic, it would be more correct to focus on the facts. In this case, although it seems more reasonable to rehabilitate the existing WHO and to maintain its function, the possibility of the spark of a new formation in international relations circles should not be ignored. The current global system has not taken the necessary steps in time to solve this crisis. For this reason, “The post-COVID-19 period will be the subject of new institutional structures that cover almost all regions, not regional. Although there are bilateral and regional cooperation mechanisms between countries, no efficiency has been obtained in the process that is going on.” (SAM, 2020: 64).

“Starting from the delay in taking the necessary steps of a structure such as the WHO, whose credibility was not questioned at the first time, there is a need for a direction to take the basic human stance in an environment where some nation states turn their backs on their own citizens and regional organizations turn their backs on their member states. This understanding should also include international collaboration and humanitarian assistance in addition to the struggle in the field, as in the case of Turkey. Turkey thanks to its strong health infrastructure and crisis-resistant system during the COVID-19 process, as well as securing medical supplies and equipment to meet the needs of its own citizens, it has delivered medical supplies and equipment to 44 self-requesting countries on time, without being indifferent to international calls for assistance (BBC, 2020).

On the other hand, the post-pandemic period is likely to be a period of upheaval in which authoritarian understandings and pursuits are given a greater premium. However, on the ground of pluralist democratic understandings;



it would be more appropriate for the participants to evolve to national administrations and international understandings that act transparently, act with scientific data, share blessings and burdens with a social state understanding, and be self-sufficient in strategic matters (medicine, vaccine, food, medical equipment, defense, etc.).

Otherwise, every understanding that does not have people at the center will result in searching for new problems and new criminals, and the world will become even more uninhabitable.

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***Abbreviations***

**UN** - United Nations

**WHA** - World Health Assembly

**EB** – Executive Board

**WHO** – World Health Organization

**IHR** – International Health Regulations