

# Reforms in Reframed World: Can U.N. Survive with a Change of Guards?

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## Abstract

The emergence of international organisations are a part and parcel of humanities aspirations for a better world and better life for citizens. Many actors in the international politics identifies the global system as a tool to materialize the foreign policy objectives of individual nations rather than the embodiment of a global spirit and internationalism. This becomes a pertinent question in the back ground of the new pandemic Covid-19. An estimate of the UN system in the back ground of the pandemic may bring more pessimistic observations on the future of the organisation. This complexity is multiplied with the global bio politics including environmental issues. The restructuring of the system should be discussed in this background.

**Key Words:** Bio-Politics, Environment, Covid-19, UN restructuring.

## Introduction

The unexpected outbreak of Sars Cov 2, pandemic has poised several questions on the reliability of sovereign power of states as it belligerently neutralise the paramountcy of sovereignty within the jurisdictional perigee of state system. The state system and its sovereign existence has been established permanently owing to several bilateral or multilateral treaties, from the treaty of Westphalia to the treaty of Brussels. Solid or fluidic presence of states' power is subject to an unprecedented litmus test in the wake of pandemic. It is argued that the main effect that the nation state tries to manage, in relation to the pandemic, through the ontology of war is anxiety. The basic argument is that state systems and those international institutional arrangements are designed primarily to avert a global war and to facilitate smooth channels for global trade. The debate is going on the restructuring of United Nations and the current paper is looking at the role played by the United Nations in challenging the unprecedented pandemic of 21<sup>st</sup> century.

## **Pandemic and the withering away of Sovereign Claims**

During 1800s, Europe was witnessed outbreaks of cholera and the like epidemics. The first International Sanitary Conference was convened in Paris in 1851 as a response to Cholera epidemics from 1830 to 1847. Christopher Hamlin describes the ‘myth of good epidemic’ as “Cholera forcing”—the idea that cholera “forces” beneficial changes in public health—is probably the best-known case of the myth of the good epidemic: public health infrastructure is inadequate; sooner or later an epidemic arrives and flourishes in these foul conditions; then, technological changes that had not seemed possible become imperative (Hamlin 2009). The effect of ‘cholera forcing’ had transformed attitude of nations towards public health infrastructure and eventually resulted in the first International Sanitary Conference which was convened in Paris in 1851. The cause of cholera remained unknown due to political difference among European countries. However, the international sanitary conferences were the first attempts at establishing a mechanism for international cooperation for disease prevention and control in a phase where there were no nation state system as of today. The pandemics, despite of its shared sentiments across the countries, brought out differences at various levels among nations. ‘But pandemics also expose other differences, for instance in the realm of politics or regarding the public role of science’ (Huber 2020). Following the International Sanitary Conferences, the International Sanitary Bureau was established in 1902 in America. Later it was rechristened as Pan American Health Organisation (PAHO) the oldest international health agency in the world. In Europe, L’Office International d’Hygiene Publique was established in 1907, and in 1919 the League of Nations established the Health Organisation of the League of Nations in Geneva. The last International Sanitary conference was held in Paris in 1938 just before the outbreak of World War II. The history of global institutions to support anti-epidemic diseases started with the outbreak of cholera in Europe.

In Unites states of America, the state of Massachusetts passed laws for isolation of smallpox patients in 1701. In 18<sup>th</sup> century America, there were new voluntary hospitals for physically ill and government institutions for the care of mentally challenged patients. This practice was made official in England with the adoption of the 1601 Poor Law and continued in the American colonies (Grob 1966). By the middle of 18<sup>th</sup> century communities had reached a size which were in need of more comprehensive health support system. In response to growing demands American voluntary hospitals were established in Philadelphia

in 1752 and in New York in 1771. The first public mental hospital was established in Williamsburg, Virginia in 1773.(Turner 1977). The history of epidemics is the history of research and development of epidemiology and fervent public health campaigns along with updated bacteriological knowledge due to inventions and innovations in health sector. The first epidemic (1817–24) carried cholera beyond India to China and Indonesia. “The pandemic died out 6 years after it began, its death toll is unknown, likely thanks to a severe winter in 1823–1824, which may have killed the bacteria living in water supplies”(Itloing 2017). The second epidemic (1826–37) hit Europe and North America with severity. According to Pascal James Imperato and others, “It was also singularly important because it demonstrated the profound levels of ignorance in both Europe and North America concerning the cause, modes of transmission, and treatment of cholera”(Imperato , Imperato and Imperato 2015 ). A third epidemic (1846–60) travelled via Russia to Great Britain, France, and the USA. According to Dr. Ernest Cloquet, the special French physician to Naser ad-Din Shah (reigned 1848-1896) during the third phase of cholera epidemic, around 10% of the population of Tehran (e.g., 12000) died and the daily mortality in Tabriz, Azarbaijan Province was around 120.(Azizi and Azizi 2010). A fourth epidemic (1863–75) was linked with the pilgrimage to Mecca and claimed many victims in Asia, the Middle East, and North Africa, spreading to sub-Saharan Africa as well as to Europe. The fifth wave of the nineteenth century (1881–96) rekindled the disease in Europe, Asia, and South America. The sixth epidemic (1899–1923) hit a Russia ravaged by revolution and war. The seventh epidemic started in Indonesia in 1961 and continues to this day.The history of pandemic till 1923 is a history of yet to develop history of modern medicine. The 20<sup>th</sup> and 21<sup>st</sup> century is an era of modern medicine and healthcare is associated with new medical practices. The pandemic is universal as it won’t discriminate any one. There is no ideological, territorial and jurisdictional hurdles for ravaging kind of pandemic.

Pandemic questions the tailor made designs of sovereignty and it compels nations to shred the ominous shades of sovereignty to face exigencies created by the pandemic. In fact one of the major hurdles in the direction of internationalism is the national affinity to sovereignty. Inthe era of globalization, it can be admitted that there are many concessions and compromises in the sovereign claims. But it is evident that nations still hold it dear to their priorities. The failure of international organisation in the pre Second World War period can be attributed to this claim. Here the League of Nations provide a clear cut example. However, with the United Nations Organisations, these claims

were subdued. One of the reason for this can be found in the super power game during cold war and the globalization process after that.

The major concern here is that the pandemics, whether it is cholera or Covid-19, have brought new interpretations and insights to the sovereign claims. Vaccination or health security is no more a national concern. It is trans-national in theory and practice. The security of human life is no more assured with the might of a singular country. In a larger sense it is about fighting together and surviving together. The pandemics has taught that lesson to the community of nations. It is in this context we have to look into the performance of World Health Organisation and related agencies in the world.

### **The W H O experience**

The primary responsibility of the United Nations is to ensure international peace and security and the institution was installed for the purpose of saving next generation from the threat of war. According to experts the United Nations (UN) is incapable of responding to COVID-19, as with many other issues (Ulusoy 2020). The entire structural design of the United Nations was built on the presumption of a threat of future war and the threat was against sovereignty of nation states. The institutional design of UN was incapable of preventing a pandemic and it needs a revision so as to cater the need of further exigencies of any sort. There are five phases to declare an epidemic as pandemic. The member states of the WHO are grouped into six regions and the criteria five and six serve as a threshold in declaring an epidemic as pandemic.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short. Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. (WHO 2009)

A Public Health Emergency of International Concern PHEIC is defined as an extraordinary event that constitutes a public health risk to other states through international spread and requires a coordinated international response. The WHO Director-general convenes Emergency

Committees (ECs) to provide their advice on whether an event constitutes a PHEIC. There has been increasing criticism over Public Health Emergency of International Concern (PHEIC) declarations and non-declarations by public health and international law experts. Critics have claimed that the rationale used by Emergency Committees (ECs) to recommend or not recommend a PHEIC to the WHO Director-General can be contradictory, non-transparent and, in some cases, in direct violation of the criteria as defined by the International Health Regulations (IHR). Under Article I of the IHR, a PHEIC is defined by three criteria: an extraordinary event which 'constitute a public health risk to other States through international spread of disease and potentially require a coordinated international response.' It is reported from different quarters that there is not consistency in deciding criteria applied to declare PHEIC.

In accordance with the definition of a PHEIC outlined in the International Health Regulations, the three fundamental criteria included; whether the situation constituted an extraordinary event, if there was a 'public health risk to other States via international spread', and whether a coordinated international response was required. According to Mullen, et al, (Mullen, et al. 2020) there are some other factors that would be considered for assessing PHEIC status; they are 'sustained community transmission, gaps in knowledge of the agent or limited response experience, impending mass gatherings, threat to eradication and complex response settings' (Mullen, et al. 2020).

When the coronavirus disease 2019 was reported to WHO for the first time by China, the Emergency Committee (EC) couldn't arrive at a unanimous decision regarding the spread of coronavirus that amounted to alarm PHEIC. Presence of virus was reported to WHO for the first time on 31 December 2019 when the total reported cases were 20. The EC convened three weeks later on 22-23 January 2020 but the reported cases rose to 557 and four countries conferred exported cases from China. 'While it was reported that 'members of the Emergency Committee expressed divergent views on whether this event constitutes a PHEIC or not,' ultimately a PHEIC was not declared till the end of 23 January' (Mullen, et al. 2020). It was on 30<sup>th</sup> January 2020 The World Health Organization (WHO) sounded its highest alarm on 30 January 2020 ie. PHEIC signalling that a pandemic might be imminent. It was pointed out that there is no standardise procedure to access a PHEIC situation. The WHO lacks service of global health laws experts in the Emergency committee meetings. The Emergency Committee of WHO lacks clear guidelines and support from member states that makes the

WHO body crippled and the Members nations very often reluctant heed call from the body.

The role of United Nations in empowering the World Health Organisation is under scanner with the outbreak of Sars Cov 2. According to Dr Gro Harlem Brundtland the “WHO is one’. Not two (one financed by the regular budget or “regular budget funds” (RBFs) and one by extra budgetary funds ie voluntary contributions from the UN, member states, private organisations, or philanthropies); not seven – meaning Geneva and the six regional offices; and not 50 – meaning the number of individual programmes. She wanted a stronger partnership with member states and with other stakeholders in the UN, the development banks, NGOs and the private sector. In addition WHO’s work should be evidence-based with priorities determined by the burden of disease and the cost-effectiveness of interventions (Clift 2013). Failure of one of the principle organ of UN, the WHO issuing proper warning system in the wake of COVID have highlighted the vulnerability of an International system especially at the time of a health crises. “The biggest issue to me is that for six to eight weeks after the PHEIC declaration, countries, except for in Asia, sat on their hands,” says Joanne Liu, a former president of Médecins Sans Frontières (Maxmen 2021). Independent Panel for Pandemic Preparedness and Response reported that the WHO’s Emergency Committee should have declared the outbreak in China as an international emergency a week earlier than it did (BBC 2020). The WHO failed solely because it was not designed to be independent( Tufekci 2020) and the organisation is subject to the whims and fancies of the super powers.

This was not the first time that the organization failed to respond to critical situations. The difference between action and words from the WHO came at the time of the outbreak of H1N1, or “swine flu”. The novel influenza virus was discovered in Mexico in March 2009, and by June, when the WHO declared a pandemic, there were more than 28,000 cases in 74 countries. But the death toll was very low than expected; 18,500 deaths. That irked member nations to comment “cost huge amounts of money and frightened people unnecessarily”, as Paul Flynn, the former Labour MP who chaired one of the inquiries, told the Times in 2010( Buranyi 2020). The organisation was accused of helping China by the US. “The W.H.O. really blew it. For some reason, funded largely by the United States, yet very China centric,” tweeted Donald Trump on 7 April. The US senator Rick Scott put it more bluntly, accusing the WHO of “helping Communist China cover up a global pandemic”.

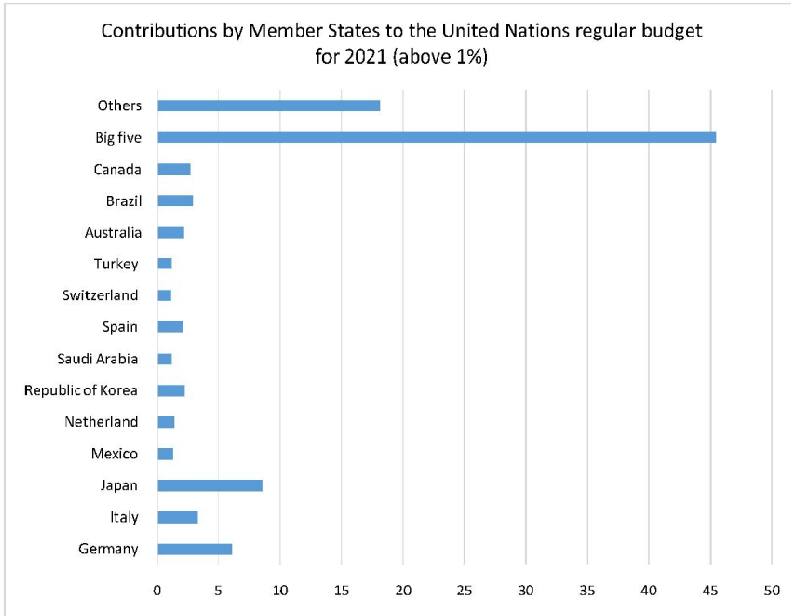
### **Security Council - “very frustrating.”**

What did the supreme decision making body do to quash the epidemic or contain epidemic is an important question rather a self-introspection to be made by the level playing cadres of International Politics. “U.N. Security Council Paralyzed as Contagion Rages<sup>H</sup>.quarreling over the wisdom of working online, batting down proposals to help organize the response to the pandemic, and largely ignoring the U.N. secretary-general’s appeal for a global cease-fire.”(Lynch 2020). Being one of the permanent members of the Security Council, the US repeatedly pressed for getting a note passed accusing China for unleashing the pandemic. The Resolution 2532 of the Security Council was a call for “all parties to armed conflicts to engage immediately in a durable humanitarian pause” lasting 90 days in response to the pandemic. It was for the first time in the history of the Security Council, that the Council has advocated such a global ceasefire. But beyond that as its practical effects have been all but nil. The Security Council was seen largely divided during the pandemic related discussions. The UN Secretary General Antonio Guterres told the divided body “A signal of unity and resolve from the Council would count for a lot at this anxious time- fight of a generation”(AFP 2020). But the divided body was defunct that remark of US President that the pandemic as “Chinese Virus” nailed out all collective efforts to mull real exigencies. Two resolutions in the Security Council introduced by non-permanent members alerting the UN body in tune with the opinion of the Secretary General – ‘ the fight of a generation’ ended up with a concluding statement from the diplomats representing non-permanent members of the body that “very frustrating.”

### **Financial autonomy of the UN and myth of big five.**

The United Nations survive on member donations. It is seen that 72 per cent of UN funding comes from member nations. Contributions from Non state organisations are also commendable. The Bill and Melinda Gates Foundation volunteered \$276 Million in 2019. The current contributions scale, valid for 2019 to 2021, was adopted by the UN General Assembly in December 2018. The four largest contributors to the United Nations – the US (22% of the UN budget), China (12.005%), Japan (8.564%) and Germany (6.090%) – together finance some 49% of the entire UN budget. For political reasons, the rate of contribution for the US has been capped at 22% of the entire UN budget. The minimum rate of contribution for the poorest or smallest countries is 0.001%.

Member nations whose contribution is above 1 per cent are:



Source:ST/ADM/SER.B/1008

The chart shows that of the total contributions, the Big Five nations contributed to 45.44 per cent of total budget for the year 2021. USA is the major player. But contributions of other countries other than the permanent five nations is commendable. Canada 2.734%, while Germany 6.09% and Japan 8.56%. Japan's contribution is higher than three permanent members of the Security Council ie. France, Russia and United Kingdom. Of the total contributions from the permanent members, it is USA with 48% in the top. 18.082% of working fund of the UN is derived from the countries which were not listed in the chart. The conviction is that present structure of UN needs to be changed. There are more developed nations collectively can engage with restructuring of the United Nations.

The contentious issue of WHO is cited as one of the best examples for the structural deficiencies of international organisation. The debate on restructuring UN should go beyond adding up numbers in security council or blowing erasing the 'magic veto' from current members.

United Nations organisation should be viewed as a 'collegium of institutions, organisations, treaties', and not as the big assembly in New York. A future restructuring should all agencies of UN and this revamping should not be peripheral. Adding up numbers without adding up new principles and guidelines will be just adding the 'old wine in a new bottle'. In the case of WHO the new restructuring should be more professional and diplomatic. They should be invested with proper authority and mechanisms to address the health issues. The monitoring system should be more centralized and controlled at the hands of WHO. In the case of pandemic it is also interesting to note how different states developed different vaccine policies. The approval of vaccines by state health authorities varies from state to state. The distribution of vaccine was monopolised by some rich countries and WHO remains a silent spectator. There is a great vaccination gap between the rich and poor countries. The pertinent question here is how far the UN and its agencies established their credibility in the fight against a serious situation that threatened the sustainability of humanity and peace in a large scale. A change of guards in New York will not make any difference if the structure is going to be the same.

### **Fighting the 'New war'**

The United Nations Organisation, being a world body is devoid of sovereignty as enjoyed by the sovereign states. The 193 members of the UN are not enjoying equal status too. Some enjoys super power status and own the virtue of permanent membership in the Security Council. Secretary General Antonio Guterres says "We face the greatest cascade of crises in our lifetime. We are on the edge of an abyss- and moving in the wrong direction. I am here to sound the alarm. The world must wake up" ( Lederer 2021). It is the right time to empower United Nations. Two imminent threats; one is related to Pandemic like threats traversing boundaries, race, nations and cultures and the second is the upcoming climatic apocalypse. Both both has similarities as they are capable of challenging the notion of sovereignty and regional or state centric policy frameworks. The ongoing comparison between nature of pandemic and sovereignty seems perplexing. Formation of states and its survival can be a subscribed to many political, cultural and social factors. Presence, conclusion or threat of war, calibration of nationalistic sentiments owing to many factors like common tradition, common historical factors, colonial dominance and atrocities attached to it, geopolitical compulsions etc. may result in the formation of nation states. The United Nations too has no other way out from those conditions- 'conditions apply'. The nation hood is a political and social

event *par excellence*, as it is also a way of managing relations between differentiated political communities, and poses, in the case of a public health crisis, a questionable way of apprehending a threat that does not distinguish between communities. It is this instinct that has driven us to examine why the almost obsessively repeated comparison of the pandemic to war has been so pre-eminent.

Pandemic is compared to a war, unscrupulous and unprincipled. “We’re at war with the virus, not one another” (BBC 2020). The UN is likely to face a bio-power situation and that makes it helpless in many ways. For instance, the plague called for partitioning the city space into sectors and quarantine in some of them, smallpox called for a wholly different way of approaching health and utilizing bio-power (e.g. statistical tools, vaccinations etc.) These transformations that concern bio-power, the power that has the population as an object of medical and biological practices, is distinct from the state’s sovereign power. Different forms of bio-politics wield bio-power in ways that have transformed the role of the state and its manner of governing.

## Conclusion

The demands for restructuring United Nations Organisation can be traced back to the inaugural days of the organization itself. New demands and new claims emerge, but with no visible response. The structure of the traditional multilateral cooperation mechanisms of the current liberal rules-based order cannot effectively address the challenges of the global governance gap. Existing cooperation frameworks have failed to respond adequately to the pandemic. On the whole, the UN, the WTO, the IMF, the World Bank, the G20, and other international organizations have generally said more than they have done. At least in the short term, they have not effectively established a worldwide united front against the pandemic.

The global crisis represented by COVID-19 cannot be resolved by relying solely on existing multilateral mechanisms. Moreover, participants in global governance and their perceptions of development issues have undergone fundamental changes since the creation of these rules. This can be seen from the stagnation of Doha Round negotiations in multilateral trade and the withdrawal of the U.S. from the Paris Agreement on climate change. The rapid spread of this pandemic within a short time-frame has breached the limits of global governance capabilities, resulting in the deterioration of the global governance deficit into a global governance gap. In the future, the practice of

national policies guided by nationalism will continue to erode the willingness and foundation of international cooperation in global governance. The established global governance system will find it increasingly difficult to operate, unless and until there is in-depth institutional reform to this system.

Despite the world confronting the compound challenges posed by the pandemic, some countries, seem to be preparing for a new round of big power games, or even a new cold war. However, the trauma and lessons experienced as a result of this crisis offer us some important lessons for effectively responding as an international community to the next pandemic, or the even more urgent crises of Climate change and ecosystem and food system collapse. As such, reforming the UN system should be the primary goal and highest priority for international actors to pursue. But the million dollar question here is to the settings and objectives of the reform.

The United Nations organisation was founded on an anti-war sentiment. It was much relevant in 50's and may be later in cold war period. But what will the case of a post pandemic world which has to fight many wars at many frontiers. The opponents of this 'soft war' are many including global warming, terrorism, natural calamities, food shortage, medical exigencies and the like. An expansion of the security council or the revoking of veto powers will not be going to equip the UN system to fight a 'soft war'. It requires new tools and new strategies. The reforms should go beyond cosmetic changes and include all agencies and organisations working with UN. The community of nations should understand that the sovereign game plan is over and the sovereignty has to be decentralised between different international agencies. For example the WHO can be invested with more regulatory powers. The functions of other agencies should also be enlarged along with the structural reforms of the parent organisation.

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