

April 2020

# country report

Multilateral Dialogue Geneva



## Geneva Telegram

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### Weekly Overview of Developments in Multilateral Geneva on COVID-19

(April 3 -16)

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The „Geneva Telegram“ analyzes current developments in the multilateral organizations in Geneva relative to current events. During these weeks, it focuses on developments in the Geneva-based organizations related to COVID-19. The pandemic does not only have a health dimension but also substantial consequences for the future of the global economy, world trade, work, flight and migration, the humanitarian sector and human rights. It also affects the multilateral system as a whole.

The COVID-19 pandemic continues to have the world in its grip – the global number of cases doubled in two weeks while the number of deaths almost tripled, even though the increase in some of the hardest-hit countries in Europe like Spain or Italy has slowed down. Meanwhile, the global discourse on the management of the pandemic has become more confrontational, with criticism being particularly directed towards the WHO.

#### Despite Criticism, the WHO Soldiers on

Following the decision of the US administration to suspend its contributions to the WHO, its Director-General Dr. Tedros regretted the decision of the US who was “a long-standing and generous friend”. Despite the heavy attack and criticism by the US administration, the WHO continued its policy to not overtly criticize its member states in the context of the COVID-19-crisis. Tedros however stressed that this was a “time to be united and not divided. When we are divided, the virus exploits the cracks between us.”

The US is the biggest member state contributor to the WHO. Even though only approximately 3% of its contributions are directed towards emergency operations, the US announcement is a blow in financial but even more so in political terms. The US criticism of the WHO’s approach - being too appeasing towards China and having warned the world too late about the scope of the crisis - has also been echoed by Australia and Japan, however without being accompanied by a

withdrawal of funding. On the other side, many countries such as Germany, Norway or the EU have strongly defended the WHO’s work.

The WHO is currently reviewing the impact of the funding cut on its work and how the financial gaps could be filled to ensure the continuation of its work.

Despite this decision of the US administration, the picture of the financial side is not completely bleak: Two months ago, WHO issued its Strategic Preparedness and Response Plan with an initial appeal of US\$ 675 million to support the response. Now, almost US\$ 690 million have been pledged or received. Separately, the WHO’s Solidarity Response Fund has now raised almost US\$ 150 million from more than 240,000 individuals and organizations. In the past weeks, the WHO has equally received wide support from the private sector and individuals, including from numerous well-known artists. The funds will be used for essential personal protective equipment, supplies and testing kits around the world and are supposed to help improving lab capacity to rapidly process tests and support research development.

After several weeks of social and economic restrictions, some countries are considering steps to lift at least some of them, while others are discussing whether and when to introduce them. The WHO is currently working with affected coun-

tries to gradually ease restrictions and urges its member states to base their decisions “first and foremost on protecting human health”. The WHO also warned that “lifting restrictions too quickly could lead to a deadly resurgence”. Control measures should thus be lifted slowly and only if the right public health measures are in place including significant capacities for contact tracing. Important factors to consider are according to the WHO:

- a) The transmission is controlled;
- b) Sufficient public health and medical services are available;
- c) Outbreak risks in special settings like long-term care facilities are minimized;
- d) Preventive measures are in place in workplaces, schools and other places where it is essential for people to go;
- e) Importation risks can be managed;
- f) Communities are fully aware and engaged in the transition.

The WHO also acknowledges, however, that some measures (such as stay-at-home orders) used in high-income countries are not practicable in other parts of the world. Equally, the WHO repeatedly urged its Member States to ensure the respect of human rights, the protection of the most vulnerable and to strike the right balance between measures that address the mortality caused by COVID-19 and by other diseases due to overwhelmed health systems as well as the socio-economic consequences.

The WHO also addressed the disputed issue of wearing medical and non-medical masks. It reiterated its argument that medical masks should be prioritized for health workers on the front lines. In order to support member states in making the decision, the WHO will issue guidance and criteria, including how to properly wear and dispose of masks. Also, those countries that encourage their population in using masks are encouraged to report on their efficiency. The WHO, however, continues to insist that the use of masks may only be part of a comprehensive package of interventions. In order to fight the pandemic, countries should continue to find, test, isolate and treat every case and trace every contact and respect key hygienic rules - a mantra the

WHO has been consistently repeating from the very beginning of the crisis.

For several weeks, the question how to best support countries with the highest need of medical equipment has been a key priority for the WHO. Through a United Nations Supply Chain Task Force, the WHO and the World Food Programme (WFP) will now co-ordinate and scale up the procurement and distribution of personal protective equipment, lab diagnostics and oxygen to the countries that need it most. The initiative will be built on existing cooperation between multiple partners from within and outside the UN and will consist of hubs in Belgium, China, Ethiopia, Ghana, Malaysia, Panama, South Africa and the United Arab Emirates.

The WHO estimates that the supply chain may need to cover more than 30% of the world's needs in the acute phase of the pandemic, including at least 100 million medical masks and gloves, up to 25 million N-95 respirators, gowns, face shields and up to 2.5 million diagnostic tests. According to the WFP, US\$ 280 million might be needed just to cover the costs of storing and moving supplies. On 14 April, the first flight transported personal protective equipment, ventilators and lab supplies to many countries across Africa.

The idea to create such a global supply chain in order to be ready for a crisis is not new. However, previous efforts to stock up these hubs for a potential health crisis were not successful as investing in prevention and preparedness seemed too costly (and not profitable) for member states and enterprises. The existence of such a mechanism would have prevented the shortages of personal protective equipment at least during the initial phase of the pandemic, providing more time for companies to increase production.

As the crisis has demonstrated, nurses and midwives are the backbone of every health system. On 7 April, the World Health Day, the WHO has published its first State of the World's Nursing Report, which highlights gaps and gives recommendations for all countries. The report urges for more investment in nursing education and the

creation of 6 million new nursing jobs by 2030.<sup>1</sup> The current crisis underscores the importance of investing in health workers and the crucial need for protective equipment to keep them safe.

### Pandemic is Challenging the Whole System of Human Rights

With almost three new press releases daily, warnings and advice from the UN special procedures, the treaty bodies, the independent investigative mechanisms and not least from the High Commissioner for Human Rights, Michelle Bachelet herself, are overturning these days. According to Ambassador Tichy Fisslberger, President of the Human Rights Council (HRC), the crisis constitutes a magnifying glass on plenty of human rights issues. Therefore, several appeals were launched in the past days i.a. to lift unilateral sanctions and respect the rights of detainees, migrants, internally displaced persons (IDPs) and trafficked persons. Nobody should be discriminated on the basis of his or her status: This includes the fight against structural racial discrimination, which people of African descent disproportionately fall victim to. In order to combat and prevent further inequality in access to healthcare and treatment, participatory elements in decision-making processes are key in order to ensure meaningful participation of vulnerable groups.

Meanwhile, the Human Rights Council underwent its first online-meeting since its foundation - a "virtuelle world premiere". Michelle Bachelet stressed the enormous impacts on economic, social, civil and political rights and warned not to misuse the health crisis as a blank check for human rights violations. Special rapporteurs and independent investigative mechanism of the council had highlighted worrying developments i.a. in Myanmar, Burundi, Egypt and Eritrea, where sweeping emergency laws have been passed that seem more geared at cementing control and cracking down on oppositional figures and fundamental human rights than ensuring public health. Instead, governments are requested to act transparently and provide fact-based information in the first place, that can

ultimately save lives. Measures have to be necessary, proportionate and temporary.<sup>2</sup>

Bachelet echoed UN Secretary-General Antonio Guterres in calling for a profound systemic shift towards a more inclusive and sustainable economy and more resilient societies, coupled with a maximum of environmental protection. Most recently, alarm was raised by special rapporteurs as some states, including the US and South Africa announced to roll back environmental protection and enforcement, although 75% of the new and infectious diseases are zoonotic, as highlighted by the UN Environmental Programme (UNEP). Both, in the immediate response and in the recovery after the crisis, the participation of civil society actors, national human rights institutions (NHRIs) and human rights defenders will be key.

### Humanitarian Aid Continues to be Under Attack

Although multi-stakeholder and multinational cooperation seems still alive, as Peter Maurer, president of the International Committee of the Red Cross (ICRC) shared after several emergency calls with world leaders, the situation intensifies. Despite the call for a global ceasefire by UNSG Guterres, that has been endorsed by 70 Member States, regional partners, non-state and religious actors, conflicts have spiked in many places. Even the limited infrastructure that is urgently needed to fight COVID-19 is under siege – be it through attacks on still functioning hospitals in Libya or through the misuse of access to water and electricity as a weapon in Syria. Restrictive measures continue to hamper humanitarian access i.a. to Syria, Burundi or South Sudan – a country in which 90% of the health facilities are operated by International Organizations and UN employees are increasingly becoming targets themselves, blamed of having brought COVID-19 into the country in the first place. Also for the Sahel region, both the WFP and the Food and Agriculture Organisation (FAO) warn that food security could spiral out of control in the upcoming months leading to an increase in 77% up to 19 million

<sup>1</sup> <https://www.who.int/publications-detail/nursing-report-2020>

<sup>2</sup> 10 specific principles with which new or adopted measures can be reviewed and monitored can be accessed online under: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25788&LangID=E>

people declared food insecure, that would add to the already existing 821 million worldwide. Hence, Guterres once again appealed to all those with influence and leverage on conflict parties to engage in robust diplomatic efforts to make ceasefires a reality. Maurer also requested broader financial contribution for the Global Humanitarian Appeal and recalled the fact that only 30 out of 196 signatories to the Geneva Conventions actually contribute to the budget of ICRC.

### Consequences for the Economy – Searching for a Silver Lining in a Bleak Picture

In the past weeks, the WHO has been cautious not to express too strong views on economic measures in the framework of the crisis. It does not want to be held accountable for any economic losses: Backed by the IMF and the World Bank, it has however called on all countries to ensure that core public health measures are fully funded, the foundations of health systems are strengthened (which includes the payment of salaries of health workers and reliable supply of funding to purchase essential medical supplies). It equally calls for a removal of financial barriers to care (for example suspending user fees and providing free testing and care for COVID-19).

Compared to March, the predictions on the economic and social consequences of the crisis have not improved – to the contrary:

A new report by the International Labor Organization (ILO), published on 7 April, paints a bleaker scenario than a couple of weeks ago: By now, 81% of workers are concerned by the lockdown-measures. The income loss particularly in the upper segment of the middle income-group could be heavier than during the financial crisis of 2008/9. Back then, those working in the informal sector without social protection were a particularly vulnerable group. ILO Secretary General Guy Ryder considers the current crisis as the biggest challenge in the last 75 years. He urges the member states to support companies, stimulate the economy and job creation, increase social protection and engage in a close social dialogue with employees and employers

Similarly gruesome predictions are coming from International Air Transport Association (IATA): Passenger revenues are expected to decrease by 55% compared to 2019. According to IATA's estimates, 25 million jobs in aviation and related sectors were endangered across the world. The association thus asks for immediate financial help for airlines.

Representatives of several UN bodies have called for the creation of a more secure and more sustainable world economic system. Among all the calls for economic recovery packages and de-globalisation it is sometimes difficult to hear the voice of the World Trade Organization even though trade could play a key role in the economic recovery. For this year, the WTO estimates a decline of the trade volume by 13% (comparable to 2008/9) in the best-case scenario, while the worst-case scenario foresees a reduction by 32% (comparable to the 1930s). The silver lining: a recovery of global trade in 2021 is possible according to the WTO. A key precondition, however, is not only the roll-back of the pandemic but also close international cooperation and refraining from protectionist measures.

### Commentary – the WHO and Multilateralism Under Fire

During the last 10 days, WHO has received heavy criticism, particularly but not exclusively by the US administration for being too friendly towards Beijing and for communicating the gravity of the crisis too late.

Given the problematic role China has played particularly in December and January, the praise Beijing has received by the WHO seems exaggerated.

However, this is not per se a sign of the WHO being too China-friendly but rather a consequence of its limited mandate. It depends strongly on close cooperation of its member states, particularly in a pandemic, in order to receive the latest knowledge about the virus and its consequences.

Therefore, the WHO refrains from criticizing countries in general and instead praises and encourages them. It was not only China who benefited from this approach, but equally the US

and other countries. Many countries wasted precious time and still were not openly criticized by the WHO.

Overall, the WHO cannot be criticized for having reacted too late: Initial misjudgments based on information from China were corrected quickly. It is also important to note that even the WHO was going into uncharted waters at the beginning of the crisis. Since the end of January – at a time when there were still no death cases reported from outside China – the WHO has been urging its member states very consistently to prepare for the crisis. Furthermore, the WHO advises its member states, educates health workers, delivers information, protective equipment, testing materials and supports the search for a vaccine. In short: the WHO is irreplaceable and deserves financial and political support in such a crisis. She should not be the scapegoat for the failures of the member states.

After the pandemic, a serious evaluation of its crisis management will have to follow. One should, however, not accuse the WHO for failures

linked to the limitations of its own mandate. If the member states demand a more vocal and assertive approach, they should ensure funding and give the WHO the necessary sanctioning instruments.

A permanent retreat of the US from the WHO would create not only a financial but also a political vacuum. It would be in the interest of the West to not leave this room to China. A continuation and intensification of the German engagement in this policy field is now more important than ever.

This holds equally true for multilateralism in general. The rebuilding after a crisis requires more, not less international cooperation. In this context, the message of the WTO and some other UN bodies should be heard: nationalism and protectionism may create further economic shocks and thus significantly delay the economic recovery.