

Transcript 4: World Health Organisation

Conversation with Ilona Kickbusch. Recorded 12 March 2024, online.

00:00:00 JE

I'm delighted to welcome Professor Ilona Kickbusch, who's a global public health expert with several decades of experience working at the World Health Organization. Professor Kickbusch was responsible for the Ottawa Charter for Health Promotion in 1986. She took the lead in the first comparative study by the WHO on women's health in Europe. And she has worked academically on global health programs at Yale University, the University of Saint Gallen, and today at the Graduate Institute of International and Development Studies in Geneva. Since 2018, Professor Kickbusch has also served on the joint World Bank-WHO Global Preparedness Monitoring Board.

In short, a leading global public health policymaker with extensive experience both in the policy world and academically. So, hello and welcome to Global Shocks, Ilona, it's an honor to have you.

00:00:53 IK

Well, I'm very pleased and look forward to the conversation.

00:00:56 JE

So, could you, first off, just please state your name for the record and very briefly tell us what you do?

00:01:03 IK

My name is Ilona Kickbusch. I'm linked to several academic institutions right now. You already mentioned the Graduate Institute in Geneva. I also work at the University of Geneva and I'm linked to the Charité in Berlin. I work on several projects. My most recent project is related to the digital transformation for health. And I, of course, as you also indicated, work in a number of ways with the World Health Organization, serving on various boards and councils, but also working on a number of specific projects. One of them, for example, on trust in global health.

00:01:44 JE

Wonderful. Thank you. So, in your own words, why would you say, from your perspective, does thinking about global shocks matter to us? Why is it important for us to think about global shocks?

00:01:56 IK

To think about global shocks is important, first of all, because they are global. And a shock in one place of the world, as we have seen, can in this day and age go global very quickly. And therefore, practically every part of the world needs to be prepared, needs to work on resilience, and needs to think how to respond. And of course, in our health world, that has been particularly the case with the infectious disease outbreaks and most recently, obviously, with the COVID-19 pandemic. But through that, this whole

notion of preparedness that we are also looking at in the Global Preparedness Monitoring Board has become very much more in focus.

And it's something that, of course, is intersectoral. You can't just have, you know, the health world prepared for this. It has impact on so many parts of society, as we've seen. So, this notion of global shocks, I think, is something that everyone needs to think about. And it's not just a shock, you know, it comes and goes. A lot of these shocks stay around for quite some time.

00:03:09 JE

Right. So, you just mentioned a couple of things about the COVID pandemic, about preparedness. And I want to delve a little bit more into your experience working in the sector and of course, dealing with many other public health crises and emergencies and developments in the past. We live, of course, in turbulent times right now. The longer-term effects of COVID-19 are still being felt around the globe, joined now and perhaps compounded by other crises, the war in Ukraine, inflation, a food crisis, all of them kind of interacting in the way that you just described.

And during your time working for the World Health Organization, what would you say in, I mean, with the benefit of hindsight, of course, what was the most challenging shock that you and your colleagues were facing or dealing with? And what were its practical consequences for the mission of the World Health Organization as such?

00:04:00 IK

The biggest shock and a shock one was duly unprepared for was HIV/AIDS, starting in the early 1980s and still with us 100%. And it's actually interesting to see how little one talks about HIV/AIDS when one talks about COVID-19, because one could have learned some lessons from HIV/AIDS and applied them around COVID-19. So, the WHO, of course, was not really prepared for such a new pandemic. And similar to COVID-19 for a long time, one didn't know what was actually happening. One first, you know, like with COVID-19, had to discover the virus. One had no response to it, basically no medical response, no medical countermeasures.

And there's a big difference here. We still obviously don't have a vaccine for HIV/AIDS, which we did get with COVID-19, see the Nobel Prize also. But I think this really led to a revolution within the World Health Organization itself. How do we respond to such a new challenge, particularly when it became clear that this was a challenge also for the developing countries? Because, I mean, this was before you were born, but initially people thought this was a strange disease of gay people who one didn't like to talk about anyhow. But at one point it became clear that this was much larger, this was much bigger and truly a global pandemic.

So, [the] WHO had to respond. It had no such program. It did establish such a program then. There was a lot of divisiveness within WHO, the assessments of the relevance of HIV/AIDS. Finally, you know, a lot of donors were mobilized. A big new WHO AIDS program was created, but it started to run sort of parallel to the WHO itself and led to a number of problems. And when it became clear that WHO and the way it was set up

could particularly not deal with the financial issues and the implementation issues around HIV/AIDS, we saw this totally new phase of global health emerging with the new global organizations that were created.

So, the first step was creating UNAIDS because it was clear this was not just a health issue, This was a social issue. This was a discrimination issue. This was a development issue. And so that was the start of six UN organizations working together on a pandemic. Some of those things were then mirrored later on in HIV/AIDS. And of course, a real breakthrough of the role of civil society in global health. That was the time that the HIV/AIDS movement started, again, first in the developed world, then picked up in the developing countries.

The conflict that we have today around pandemic response, medical response, vaccine inequity, the whole issue of patents, came up in the very same way. Who would have access to the medicines? The discrimination of the Global South was there just as we have it today. So then it was clear, you know, we needed a lot of money in this system. And that's when the Global Fund for AIDS, then tuberculosis and malaria was created.

So we enter this new phase of global health with many new organizations being created, public-private partnerships emerging, the role of the civil society becoming really, really central, and that individual countries remember, of course, other political things happened, like the Iraq War. And it was then that President Bush created a big global AIDS program called PEPFAR, which made an enormous difference, saved many, many lives, but is presently and was one of the bipartisan programs in the United States that was, continued for decades and is now in the polarized political situation, threatened to continue, which basically means the death of many, many people in the developing world.

What comes with these shocks is they are a medical issue, a problem that also needs medical solutions, but they're linked to equity, to big social issues, and finally, of course, always to politics.

00:09:05 JE

I'm curious to hear from your own experience what it means for an organization. And this is a very general question, but I think related to what you just said. How does an organization such as the WHO practically respond to something like the HIV/AIDS public health threats emerging? What is involved practically? You've been working there for a long time, and you worked at the WHO at that particular time. What was that like? What did that look like?

00:09:31 IK

It has various dimensions because the organization is, of course, the authority, the global authority, technical authority on health. It means obviously being able to say, what is this disease? You know, what is it?

00:09:47 JE

Right.

00:09:48 IK

How can one respond to it? It means setting standards for how one responds to the disease, approving medicines that are used in the context of the disease, even defining the disease itself, if it's a new disease. So, there's a whole lot of that technical work of the WHO, which is related to science, to innovation, to working with scientists all around the world in WHO collaborating centers, et cetera, et cetera. It then means, you know, giving suggestions to member states how they should respond to the disease.

And here already you get more than a medical response. Because with HIV/AIDS, what became very clear is that one dimension of the WHO constitution that health is a human right, suddenly moved to the forefront and said, people have a right. People have a right to treatment. People should not be discriminated because they have this disease. And, you know, there were countries where people were locked up. There were, you know, dreadful occurrences around this disease, and both in developed and developing world.

So also here, something we experienced with COVID, was usually one has this idea, everyone likes health, everyone wants everyone to be healthy, and health brings people together. But with COVID and with HIV AIDS, we experienced that health pulled people apart. People felt, it's these gay people, it's their fault, they should have different sexual practices. Then there was this big fear that it was not just a "gay disease". And that, of course, became the reality in low and middle income countries. Then it became clear how much it became a women's disease. Because men brought the disease back home, then these women were discriminated against, and so the whole issue of health and human rights, also through the NGOs was brought forward with enormous force.

And so also WHO had to be much more prominent and make very clear statements, even though this was not popular with some member states, about, you know, how you handle this disease in a social manner. And then, of course, when the whole issue of HIV/AIDS and drug use started to come together, that became even more difficult. And WHO played an incredibly important role and had to reorganize itself accordingly to find, you know, a humane, a human rights-based approach, both to the issue of how you handle people who use drugs, particularly in this case, of course, inject drugs, and HIV/AIDS and the link between that, which also had additional problems because there is a UN agency in relation to drugs in Vienna, which was much more conservative on these issues than the WHO was.

So, it was straight away also a need to ramp up the medical and research response, ramp up the advisory to member states, but also ramp up the human rights rights dimension and the policy and program recommendations that kept this in mind. What does the health service need to do? What about health insurance? All these issues came to the fore and WHO needed to prepare itself for it. What was a problem is, of course, that WHO is not a development organization, it's a technical organization. And one of the things that was needed was loads of money to be able to make those available in low and middle income countries. And that's, of course, when the Global Fund was created.

And initially over the next 10, 20 years, a sort of competitive environment started to emerge in global health. People saying, you know, these new types of organizations that are not member state driven, but have the private sector on their boards, have civil society on their boards, et cetera, “they are much more forward-looking. They are the future of global health, and WHO is not that important.” And that was a very tough time for WHO, particularly also when the financial crisis hit and when the budgets for WHO were reduced, while the billions still went up for a fund like the Global Fund or AIDS tuberculosis and malaria. So tremendous consequences for WHO, but that's where we learned.

And you'll remember that in 2014 to 16, there was the next crisis, which didn't get as serious. You know, before that we had SARS, you remember the SARS outbreak, which was contained rather quickly. But then we had Ebola. And again, there was a great fear of, you know, how global would this go? And WHO was severely criticized for its response to Ebola, saying this was much too late, et cetera, et cetera.

So, I was on the group that was tasked to evaluate the WHO response. And this is where my involvement in the AIDS response became so important, because we were able to learn from that mistake, that WHO built up a program, then wasn't able to run it. And a new organization had to be created. And actually early on after Ebola also, and during COVID, you might remember, some people said, create a new organization that deals with outbreaks, et cetera.

But we sort of said, no, WHO needs to be reorganized. It needs to have a new big department which is there for pandemic preparedness and response. So, a new emergency program was created with an executive director general fully integrated into the organization. And because of that follow through from Ebola, WHO was much better prepared to respond to COVID. So, there was learning in the end.

Whereas, you know, I would still say the COVID response neglected many of the social learnings of the AIDS pandemic, how much we need to look at behavior, how much we need to work and empower people, all those kinds of things, which were reinforced, of course, because now compared to the AIDS pandemic, we had social media, we had misinformation, we had political polarization. But definitely, WHO learned through this period AIDS, SARS, Ebola, and then COVID.

00:17:10 JE

Fascinating, the comparison and the sort of lessons from the HIV AIDS situation to the Ebola situation and then how that carries over into kind of an institutional memory as it were. Because the next question was going to be whether these kinds of threats, these public health threats, can also in some sense be opportunities for the organization to readjust, to learn and to gradually accumulate experience that will make it better prepared for the next public health threat.

So, in a sense, it sounds like what you're saying is, yes, crisis is one serious aspect that needs to be tackled. At the same time, though, the organization needs to learn. Is that a correct characterization of what you just said?

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Absolutely. And, you know, the willingness to learn, of course, would be a very, very important component. In WHO, that, of course, brings with it a complexity, let's say, compared with the private sector, that this is a multilateral organization. It's basically run by its member states, 193 of them. So, whenever you want to reform the organization also, you would need the full approval and a consensus among the member states, who at the same time, of course, and rightly so, expect leadership from the director general of the organization, expect that the organization, as you know, WHO has a headquarters and six regional offices, that all parts of the organization then work together, particularly in a period of crisis.

So, on the one hand, what we can see is that the AIDS was a real shock for the organization because there was a strong feeling, also if you read all the analyses from that time, that WHO was losing credibility, WHO was losing an importance, and definitely WHO was losing money, because of these other organizations that were created. And as I already mentioned, some people said, we don't really need that type of organization anymore. Let's create these new things.

But then, particularly after Ebola, there was a strong self-reflection and there was then a consensus between, let me say, the director general, the secretariat, as we call it, and the member states who had initiated the review that I referred to, be ready to change. That's when this new executive emergency program was established. Also in the early 2000s, following the SARS outbreak, WHO was able to reform the sanitary regulations, which became the international health regulations. So that was another historical point.

And now following COVID, one has seen they too need to be reformed again, the international health regulations. And then also countries said, look, we need to make use of the possibility that the WHO constitution gives us to actually have a legal framework for action when a pandemic strikes. And so, two things that happened following the COVID-19 was to say we must reform the international health regulations and there are working groups and all kinds of things going on. And we should be negotiating a pandemic treaty. And that would be only the second treaty that WHO negotiates. The first was the Framework Convention on Tobacco Control.

And it's very, very tough negotiations because of the issues I mentioned, particularly because of the North-South divide, because as vaccines were not available in many parts of the world, intellectual property issues stood in the way. And it indicates the increasing need to involve other agencies, in this case, the World Trade Organization, et cetera. So those are two big things where the organization is trying to learn.

Another area where the organization is learning is to ramp up the whole area of science and innovation. Because of course, nobody expected we would have a vaccine so quickly. And in a way, the world wasn't ready to have a vaccine so quickly. You know, the organizations actually, these organizations that had competed, you know, Global Fund, GAVI, WHO, et cetera, Bill and Melinda Gates Foundation, which was another big push in the early 2000s of a new actor with loads of money coming in. So they started to

work together. They created COVAX, they created other initiatives, the Act A Accelerator.

New organizational mechanisms were created, but they were created overnight and wanted to build up, let's be ready for a vaccine, two years, three years, four years down the road. We never got one in AIDS. And suddenly the vaccine was there, and these organizations weren't ready for it. And then, of course, there was the political pressure in the developed world to vaccinate everyone, all the other issues that flowed from that. So, the treaty is trying to resolve some of that. WTO negotiations are trying to do that.

So, this being involved, being ready, being able to assess where are we in terms of science and innovation in these areas, are we working together with the best scientists in the world? Of course, some science is always unexpected, that's clear. But still, there was a time when WHO ramped down its research program. We couldn't imagine this today. And the whole issue of science and technology, you know, again, a new way of working with the private sector emerged in this context, both in terms of the vaccines, but particularly in terms of misinformation.

So, this was the beginning of WHO being in contact with the big tech companies, Googles of this world, to ensure that health information by the WHO would always be on top of a search query if somebody said, what is COVID-19? You know, you would get the official WHO information first. So, a lot of new things have emerged out of that where the organization is shifting and changing and trying to sort of really be hopefully ready should anything like this happen again.

00:24:14 JE

Right. I was very intrigued when you mentioned a couple of times that there are these knee-jerk responses in a sense of creating new institutions or new actors, adding to the landscape of global health responses. But that might not actually be the most effective way to be better prepared for the future. And that instead, the really important thing is, to evaluate carefully and to really try and learn from past experiences through things such as new international health regulations, really fine tuning the main organization that we already have, rather than trying to reinvent the wheel or invent many other new organizations that potentially even sort of make it harder to coordinate. Is that basically what you were saying?

00:24:58 IK

Yes, at least that's my position. You know, there are people who would take different positions here. And there's been a lot of talk around that. You know, is WHO politically influential enough? Is it strong enough? What does it mean if an organization that is in principle run by health ministers, is that an organization that's strong enough? Definitely it's an organization that isn't rich enough.

And so also following the long-standing negotiations about increasing the regular budget of WHO, DSS contributions was taken up again and a positive decision was taken to at least increase CSS contributions by 50%, which is nowhere enough. But something is on the trajectory that people, despite criticisms that also came up, you know, was it clear enough soon enough about airborne transmission, you know, all

those kinds of issues that are more on the scientific front. How quickly can an organization give the scientific recommendations, you know, how sure does one have to be, how quickly does one have to react? So, all those things do remain.

But yes, again, in this case, there were the suggestions, you know, let's create something new. There was also the suggestion to have a so-called Global Threats Council, which would meet at the United Nations, because supposedly, if you had a threat council of heads of state, they would act more quickly and with more determination. My view was if we had a problem during COVID-19, it was with heads of state and people not taking the political and financial decisions they should have taken. So, you know, all this is obviously driven by the wish to do better next time. But I agree with you, a lot of this was knee jerk.

And it's also related to another issue. On the one hand, WHO, together with many global health advocates, has been successful in saying, first of all, you know, health is a political choice. And because it's a political choice, it should be part of many other negotiations and many other bodies. And it was seen as a tremendous progress to have health on the agenda of the G7, to have health on the agenda of the G20, and to have health regularly discussed in New York at the UN General Assembly, to have high level meetings, et cetera, et cetera, also have some bodies and councils in the UN. I served on one of them, you know, to have that in that non-health sphere, let me put it that way.

But one of the things that has emerged, and you can particularly see that at the G7 and the G20, is that, of course, everyone that organizes a meeting like that, and in the G7, G20, you have a different organizing country every year, wants to have a tangible outcome. And what's more tangible than creating something new? If you say, our outcome is we will support the World Health Organization more, everyone said, my God, how boring. If you say we will create a pandemic fund, then everyone says, wow, they're really ready to go and do something. And then big promises are made.

We do have a pandemic fund now, as you know, but it has nowhere the amount of money that was actually assessed that people said we would need to help countries. And at the same time, so you have a pandemic fund with 10 billion at this stage, and you have WHO that has a budget of, the Geneva General Hospital. So it is, it's very, very imbalanced. But the tendency remains that it is more attractive in our world, in our political world, to be able to say, look, we created something new. And at the same time, of course, saying, we need to reform WHO. There is an imbalance here and it's definitely a political issue about, you know, how you position yourself in the international agreement.

00:29:27 JE

Right, that's very interesting. So, there's a kind of dynamic of quick responses, trying to do something that's visible to everyone's eye. And then on the other hand, we've got the question of, well, if we want to do something in the longer term, it might be much more worth our time to think about how we can work with the existing institutions that we already have and how they can perhaps be better prepared.

So, let's zoom out a little bit because I think this kind of connects to the broader question of are we dealing with an isolated, separable crisis? Are we just dealing with COVID? Are we just dealing with HIV/AIDS? Or are we dealing with something that's connected to many other issues around it? And then the question becomes, are we thinking about crisis as a sort of thing that happens at one particular moment and then we need to respond? Or are we thinking of a sort of broader context of turbulence, a turbulent world with many different issues intersecting, interacting. And if we're talking about the letter, does the WHO need to somehow take that into account? Has it taken that into account? What are your thoughts on that?

00:30:32 IK

Well, it goes in both directions, of course, that, you know, other crises, other things happening, what we in our language sometimes call the determinants of health impact on even the emergence of a disease and the whole discussion about the ecological crises, the expansion of the human habitat into the natural habitat, the jump of viruses from animals to people and all of that, that's definitely interconnected and has been sort of on the agenda or at least in the perspective of the people working on infectious disease.

On the other hand, then, so, other developments, crises, impact on health and have health consequences, obviously. We know that from the big poverty crises, we know that from war, you know, if you look at Ukraine now and everything else. And then you have cholera and, you know, all kinds of other health impacts, mental health impacts in particular. And then, of course, a disease then has enormous other impacts on society. And particularly a pandemic, as we saw, has impact on the economic development of the world.

If we look at the sustainable development goals, we see that the eradication of poverty has not moved forward. Actually, poverty has increased in a number of parts of the world because of COVID. So, you have the economic impact, you have social impacts, polarization of society is one such social slash political impact. You have interfaces with geopolitics, who raises borders where, who's allowed to travel where. So, it is something where various crises and various impacts and influences constantly interact.

And we can see particularly now with the climate crises being so much on the forefront of everyone's mind, not necessarily everyone's action, these things on the one hand interface. But we also see that they compete, because what we see in health right now is that, in some parts of the world, if you also watch in some countries, you'd think, COVID is dead and gone, and let's not talk about any of the consequences. And the discussion on climate is taking over, or in other parts of the world, the discussion on migration is taking over. One way they're all connected, but on the other hand, because money is getting less and less, development budgets are being cut, et cetera, et cetera, because people need to respond to the crises within their own countries.

So, we see that it's getting more difficult. It's definitely getting more difficult to maintain the focus on some of these health issues, like also the treaty negotiations. And it's also

more difficult to get money. Now at this stage, not necessarily for the response, unless it really flares up again, but in terms of prevention and preparedness. And there were calculations, we'd need at least 100 billion to have the basics of preparedness, laboratories, public health institutes, research, also in the Global South. And the Global Preparedness Monitoring Board on which I sit says that we are not much better prepared than we were for the COVID-19 pandemic.

00:34:26 JE

It sounds like, I mean, we're faced with this complexity of intersecting crises, all happening at the same time, mutually compounding each other. And it gets hard to really know where to focus our attention. And as you just interestingly mentioned, these crises also compete for our attention and for the attention of organizations. Another thing is, of course, if everything is so complex, we really need to understand the problems that we're facing very, very well.

And so, there's a 2021 report on the COVID-19 response by the 13-member Independent Panel for Pandemic Preparedness and Response, which argues that information flows under the existing international health regulations had proven too slow during the pandemic. In your own experience, is more and faster information another key to better preparedness?

00:35:14 IK

Most definitely, but you know, the starting point of it is transparency. If you look at the international health regulations, countries which, you know, are subject to these regulations should be transparent and should inform WHO the minute they see something that's out of the ordinary. And the long and short of it is because disease has such geopolitical consequences in terms of trade, movement of people, the way you are looked at in the world, et cetera, whether you're a failure or not, leads countries not to report.

You know, despite the fact that the IHR applies to all countries, not all countries report or report quickly. That has, in a way, always been the case, but has been absolutely extreme in relation to COVID-19. And the countries that have reported quickly, take South Africa, for example, with a variant, then get punished. And no, we will cut travel, we will cut economic relationships. And in a globalized world, that, of course, has tremendous consequences, which is also why, because then in this case, also the global flow of medical countermeasures comes in.

This is why now, as one of the follow-throughs, the whole issue of local production has become so critical. You know, within our region, within our country, what can we produce ourselves, but at the same time, how can we be guaranteed that we get the constituent components for whatever medicine or vaccine we are trying to develop. And as we know, many of those components are all in one big country. So, it then becomes economic and geopolitical again very quickly, which is why the panel said we need to find measures that ensure the transparency, ensure the rapid reporting.

So, there's been a lot of discussion around, can we sanction countries? What kind of pressure can one exert? Can WHO exert pressure? Actually not. But could the pressure then, for example, come through the World Trade Organization? Or could it come through the financial institutions? That is to say, you know, if you don't report this time, I'll be very simplistic, you won't get a loan next time. So it's quite clear that the pressure in all probability needs to be both economic and political, but that it cannot be exerted by the World Health Organization, what the World Health Organization needs to do. And of course, this is what it then gets criticized for.

It's got to try and cajole countries, its own member states who actually decide about the organization to jolly well share their data. So, this is why at the time the Director General, Dr. Tedros, traveled to China, spoke with President Xi himself, you know, to say, look, you know, you can't stay outside of this. You've got to be transparent. In SARS, China was transparent, not at first, but then the international pressure did work. The health ministry was reorganized. The Chinese Center for Disease Control was created. So that had an impact. But now with China being this big world power that does not want to be seen as being weak and does not want to be seen of being at fault in any way, it becomes much more difficult.

And so, an organization like WHO is sort of balancing its way, trying to convince countries to report, to share data, to share experiences, and to actually create and ensure this public good. In the geopolitical tensions we have right now, that is particularly difficult for political reasons and for economic reasons, because science and technology are, you know, the big areas of competition now, including, of course, then the whole issue of digital, et cetera, et cetera.

So, it is a world also for the WHO, for whom, you know, politics is not new, it had to work during the Cold War and all of that. But this extreme polarization of the world, but not into blocks, but with players who keep moving around. And today I will associate myself with you, take the Ukraine war, you know, where do the African countries stand? Or you get these alliances of countries, both in the global north and the global south, around reducing sexual and reproductive health and rights. So, it's a much more politically mixed bag, which makes the work of the World Health Organization more difficult, but also much, much more important. It just shows how much one needs a multilateral organization, even if people fight like hell, but they at least come together to fight. And one needs to try and take things forward.

00:40:45 JE

Now, the WHO was, of course, in the spotlight throughout the pandemic. We've already talked about that. And it's received its share of criticism regarding its effectiveness in the face of precisely those geopolitical tensions that you were just talking about. And this question emerged really of, are countries collaborating here at all? Are they putting enough of their efforts into making global public health work? And a 2022 report by The Lancet called the global response, and I quote, a "massive global failure". And it spoke of a failure in particular of international solidarity. Can the WHO do more to foster international solidarity? And should we expect it to?

00:41:21 IK

Well, that's actually WHO's bread and butter to try and establish that global solidarity. Of course, you know, if you have 193 countries who don't talk to each other, then you have a big job to do. And, you know, one of the attempts to create that global solidarity are international agreements, treaties, accords, et cetera, et cetera, and are, well, regulations, rules, norms that everyone subscribes to.

So that's in a way as much as WHO can do because, and that's of course also criticism, people say WHO has no teeth. Some want WHO to call out individual countries. We had a director general at WHO at one stage who did that, but she could not serve more than one term. So that was Gro Harlem Brundtland, who, you know, with the SARS outbreak, not only called out China, but called out Canada, for example. So, a lot of it is what we tend to call global health diplomacy. And it's not always visible. So that's another tricky part of the work of the organization and the role of the Director General.

I know, you know, somebody like Richard Wharton at The Lancet would like to see the Director General call out individual countries or even individual leaders. The minute you start doing that, you could probably close down your organization, because that's not the role. And it's, of course, for anyone who's an advocate who wants to move things forward, it's, you know, you say, why aren't they doing this? People do get upset, but it's not the role of multilateral organizations to do that, which is why we have so many stakeholders, which is why also WHO then establishes certain committees and then you get, you know, the committee chaired by Helen Clark and Ellen Sirleaf, being able to say things with great force that a director general could not say in that way. It's very, very difficult.

I mean, you see it in the Human Rights Council, you know, calling out countries. You do have the reports, and there is a suggestion that one would call out countries in the pandemic sphere with similar reports as the Human Rights Council does. But still, it's a very, very delicate balancing act. It's related, you know, also to the larger role of an organization and the specifics at a special point in time. And usually it's only, you know, a decade or two later where you where you can really assess what might have been the right approach. And I mean, we have the same discussion right now. Should Russia be called out? Also within the health organizations, because clearly the country is targeting health facilities, et cetera, in Ukraine, and WHO is keeping very clear track of that. But it's not WHO who could sanction them as the secretariat.

What would be possible, but nobody has taken that action, is to do something similar as was done with South Africa, where South Africa was then, you know, excluded from the organization and its voting rights until apartheid was over. But that was also a decision that was prepared at the UN General Assembly and then made its way into the specialized agencies. So calling out is very difficult. At the same time, it also needs the kind of challenges that come, from civil society, from the Lancet, et cetera.

And it's also the role, quite honestly, of countries. I mean, there are governing bodies of the WHO. And countries can call each other out in those bodies. Often, they choose to do this in very flowery ways. But that's actually where it happens. And it's happening

now in the treaty negotiations. There is very big conflict between certain countries and parts of the world.

00:45:49 JE

In your view, considering the ongoing negotiations for a renewed international health treaty, what would you say is the best way for the WHO to learn from past experiences with shocks and crises in order to actually improve its preparedness for the future?

00:46:05 IK

I think we've discussed some of those things, obviously, and WHO has an opportunity now in formulating its new work program, the so-called 14th General Program of Work, to set the new priorities. Obviously, together with the member states, the secretariat makes the proposals. Definitely, as far as the organization itself goes, the ongoing strengthening of this preparedness dimension of the work, we can see that the science division of WHO is being ramped up considerably.

This understanding of the role of technology and digital is something, and standards in this area are something that the WHO needs to support member states, but also use and be prepared for. Also, good data are expected from WHO. There's a big challenge of, on the one hand, having to do its analyses because of the way it's set up based on data you receive from member states that are not totally reliable all the time. So, WHO also tries to create new mechanisms to actually collect data.

And one of those examples is a hub that the WHO has created in Berlin on pandemic and epidemic intelligence. Also not only looking at health data, but relating the health data to data from other sectors. One of the toughest things always for the organization as a whole is actually to set priorities, not because it wouldn't have ideas, you know, what are the five things we would like to concentrate on if I speak about the secretariat. But then, you know, straight away member states come in and say, well, we also look, need to look at sepsis, we need to look at tuberculosis, we need to do more on non-communicable diseases, you know, you name it.

And then, you know, there's the whole push to say, well, this organization in its constitution has a commitment to wellbeing. So, it shouldn't only be dealing with diseases, it should, you know, be developing new approaches to promoting health. And a lot of that is the determinants of health, looking at quite different issues than, concentrating on viruses. What I find so interesting is actually how many times the organization has reinvented itself, how often it has been more innovative than some people give it credit for, how it is trying to do that again. And I think the discussions around this 14th general program of work will bring that to the fore. But also the new areas that are being discussed in the treaty.

Really the whole issue of the production of medicines and where that is and the equity there was not so much an issue of the World Health Organization. And now, you know, smack, it's right in the middle of supply chains and everything. The cooperation with the other organizations is really critical, the other health organizations, and it's gotten better, particularly through COVID. And one is working on ways to maintain that even in

non-pandemic times. And then, of course, I think three years down the road, there will be elections for a new director general. And that's usually also a time where new issues are also put on the table.

So those kind of processes, you know, continuously also brings new thinking and new issues into the discussion of the organization. And obviously, every organization needs to reform all of the time. And it also has to look out to survive because we see that in very difficult geopolitical times, the organization tends to become more technical. And then, you know, it sort of moves forward as things become a bit clearer, it moves forward into more political arenas again. But it can't be a geopolitical player.

But it has to draw attention to the fact where health is subject to geopolitics and where health is, as the organization says, a political choice. And that's the message to the member states. You know, we, the secretariat, can do this much. Sometimes we'll fail. Sometimes we're not good enough. Sometimes we actually told you we should do X and you didn't approve it.

00:51:01 JE

Right.

00:51:01 IK

It needs that constant back and forth. And as you said, definitely as simplistic as it sounds, it does need a bit more money.

00:51:10 JE

Right. Well, on that note, all that's left for me to say is thank you for your time and for generously sharing your insight and experience. It's been really great to have you here at Global Shocks. Thank you.

00:51:20 IK

Well, thank you. It's been fun. Thank you for your questions.