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QUESTIONING THE ROLE OF WHO DURING THE GLOBAL NOVEL CORONAVIRUS PANDEMIC

SİYASET BİLİMİ VE ULUSLARARASI İLİŞKİLER ANABİLİM DALI
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ÖZ

Bu çalışma, uluslararası örgütlerin, ve daha spesifk olarak Dünya Sağlık Örgütü'nün meşruiyeti ve otoritesinin Kovid-19 pandemisinin ilk dönemindeki devletler arası çatışma ve rakebet çerçevesinde zedelendiğini vurgulamaktadır. Uluslararası örgütler, kuruluşları bakımıyla devletler arası iş birliğini geliştirici, kolektif meselelere kolektif çözümler bulan yapılar olarak tanımlanmaktadır. Uluslararası örgütlerin uygulamaya koydukları kural ve normların devletler tarafından kabul edilmeleri devletlerin bu örgütlerin otoritesini tanımasına bağlıdır. Uluslararası ilişkilerde gerçekçi ve liberal görüşlerin devamı niteliğindeki neorealist ve neokurumsalcı kuramlar çerçevesinde uluslararası örgütlerin otorite iddiaları incelenmiş, otoriteyi oluşturan faktörler değerlendirilmiştir. Otoriteyi oluşturan elementler incelenmiş ve örgütsel anlamda otoritenin önüne geçen sebepler tespit edilmiştir. Bu bakış açısıyla Dünya Sağlık Örgütü ve örgütün Kovid-19 pandemisindeki performansı tezin araştırma konusu olmuştur.

Anahtar Kelimeler: Uluslararası Örgütler, Neokurumsalcılık, Neorealizm, Dünya Sağlık Örgütü, Kovid-19 Pandemisi

ABSTRACT

This study highlights that the authority and authority of international organizations, and more specifically the World Health Organization, were damaged in the context of inter-state conflict and rivalry in the early phase of the Covid-19 pandemic. International organizations are defined as structures that develop cooperation between states and find collective solutions to collective problems in terms of the issue area of their organizations. The acceptance by the states of the rules and norms put into practice by the international organizations depends on the states' recognition of the authority of these organizations. In the framework of neo-realist and neoinstitutionalist theories, which are the continuation of realist and liberal views in international relations, the authority claims of international organizations are examined and the factors that constitute authority are evaluated. The elements constituting the authority were examined and the reasons that precluded the authority in the organizational sense were determined. From this point of view, the World Health Organization and its performance in the Covid-19 pandemic has been the research subject of the thesis.

Keywords: International Organizations, Neoinstitutionalism, Neorealism, World Health Organization, Covid-19 Pandemic, Vaccine Nationalism, Vaccine Diplomacy

ÖNSÖZ

Küreselleşmenin sonuçlarından biri de dünyanın bir yerinde gerçekleşen bir olayın dünyanın başka bir yerinde etkilerinin hızlı ve şiddetli bir şekilde görülebilmesidir. Kovid-19 salgını hem bireysel düzeyde hem de devletler düzeyinde izolasyon ve karantina gibi sosyal, ekonomik, siyasal hayatı kısıtlayan süreçlere yol açmış; küresel arz zinciri, ülkeler arası mal ve insan taşımacılığı, küresel sağlık alanlarındaki kabullerimizi sarsmıştır. Kovid-19 salgını küresel krizlerle mücadelede uluslararası iş birliğinin önemini hatırlatmış; devletlerarası çatışma ve rekabetin küresel sağlık, güvenlik ve barış için oluşturduğu tehdidi görmemizi sağlamıştır.

Uluslararası örgütler sorumluluk alanlarındaki küresel gündemin yönetişiminde önemli rol oynamaya devam etmektedir. Bununla birlikte İkinci Dünya Savaşı sonrası dönemin belirleyici unsurlarından biri olan bu örgütlerin ciddi bir otorite sorunu bulunduğu da dikkat çekmektedir. Öyle ki, uluslararası örgütler salgın döneminde küresel ajandayı belirlemek, kolektif bir çözüm planı geliştirmek ve bunun uygulanmasını koordine etmek gibi beklenen tutumu geliştirememiştir. Öte yandan Amerika Birleşik Devletleri ve Çin Halk Cumhuriyeti arasında salgın çerçevesinde yaşanan çatışma uluslararası örgütler sahnesine taşınmış ve Dünya Sağlık Örgütü'nün güvenirliğini zedelemiştir. Araştırmada otorite sorununu tespit etmek amacıyla uluslararası örgütlerin uluslararası sistemdeki yerini tartışan kuramlar incelenmiş ve otoriteyi oluşturan faktörler araştırılmıştır. Dünya Sağlık Örgütü'nün küresel sağlık yönetişimi ekosisteminde üstlendiği lider rolü Kovid-19 salgını ve salgın yönetiminin başat olaylarından biri olan aşı politikası çerçevesinde değerlendirilmiştir. Kovid-19 salgınının etkileri devam ederken araştırma konusunun geçici etkiler yerine kalıcı etkileri üzerinde durulmaya çalışılmıştır. Kovid-19 salgınının toplumsal hayattaki etkilerinin bir yansıması olarak bu araştırma da izolasyon ve karantina süreçlerinden bizzat etkilenmiştir.

Bu tezin akademik bir çerçeveye oturtulması ve yakın dönemin sorunlarını aydınlatması yönündeki katkıları ile birlikte salgın döneminde sekteye uğrayan eğitim ve öğretim süreçlerine rağmen anlayış ve desteği için danışman hocam Doç. Dr. Hasan Duran'a; ve bu süreçteki inancı ve desteği için aileme ve sevdiklerime çok teşekkür ederim.

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TABLE OF CONTENTS

FIGURES

ABBREVIATIONS

ACs	**Assessed Contributions**
ACT-A	**Access to COVID-19 Tools Accelerator**
CEPI	**Coalition for Epidemic Preparedness Innovations**
COVID-19	**Coronavirus Disease**
EBFs	**Extra-Budgetary Funds**
Gavi	**The Vaccine Alliance**
IHR	**International Health Regulations**
ISR	**International Sanity Regulations**
PHEIC	**Public Health Emergency of International Concern**
PRC	**People's Republic of China**
UN	**United Nations**
UNICEF	**United Nations International Children's Emergency Fund**
US	**United States of America**
VCs	**Voluntary Contributions**
WHA	**World Health Assembly**
WHO	**World Health Organization**

INTRODUCTION

The notion of authority in international relations generated debates among different International Relations schools on the nature of the system and the relation between units and their relation to the system. Neorealist and neoinstutionalist theories have overlapping assumptions that the international system is governed by the state of anarchy. The conditions created by the state of anarchy, however, differ significantly between the two schools. The neoinstitutionalists argue that the lack of an overarching authority undermines efforts for international cooperation as a result of mistrust and the susceptibility to fraud. However, the relations among states are profoundly interconnected. The concept of complex interdependence is inherent in the international system. The "existence of multiple channels of contact" makes the use of force redundant (Keohane, 1986: 197). The asymmetrical dependencies make cooperation possible among actors. It is argued that increased cooperation reduces the effects of anarchy and makes the international system significantly more predictable. Axelrod and Keohane argue that reciprocity is among the factors that facilitate cooperation and that cooperation begets cooperation (Axelrod and Keohane, 1985: 249). In his fundamental work, Kenneth Waltz argues that the international system is anarchic (Waltz, 1979: 88). The lack of a super authority restricts states to a continuous struggle to ensure survival. Fear dominates the motives of states and thus, the neorealist assumption is pessimistic in its essence “Wars occur because there is nothing to prevent them," writes Waltz (Waltz, 1959: 232). The anarchic condition demands that states increase their relative gains in comparison to other states since all states share the same threats to survival and the states who achieve greater powers have no other option but to weaken others, or even destroy them totally.

Scholars of IR discuss three sources of authority. These are coercion, self-interest and, legitimacy (Cronin and Hurd, 2008: 6). The application of force to establish authority resonates strongly with the neorealist understanding of world politics. The

neorealist assumption stresses fear and the use of force as the underlying dynamics of the relation between units that is ordained by the structure. States that conform to the conditions of the structure benefit from their policies and dominate the structure. In the anarchic state, this takes place through the use of force and coercion (Waltz, 1979: 93). The neoinstitutionalist argument that cooperation is in the best interest of the states for the attainment of absolute gains corresponds with the self-interest source of authority. The international institutions can assume authority if and only if they apply to the self-interests of the states involved. The third determinant of authority is legitimacy. Buchanan and Keohane emphasize two aspects to legitimate authority; the normative right to rule and perception that the authority has the right to rule (Buchanan and Keohane, 2006: 405). The neoinstitutionalist theory puts great emphasis on the achievement of stability and peaceful transition (Keohane, 1986: 199). However, this is only possible if the international regime is legitimate in the eyes of the constituting units. Therefore, the international institutions must become and stay legitimate. Scholars have proposed solutions to the problem of authority in global governance. The three fundamental components of authority are accountability, transparency and efficiency. The organizations that satisfy these conditions are favorable in their claims to their authority, and thus have better chances at having their rules and norms regarded authoritative.

World Health Organization is at the heart of the global health governance affairs. The recent Covid-19 pandemic highlighted the influence of international organizations in coordinating responses to crises. The founding principles of WHO include the premise that WHO shall "act as the directing and coordinating authority on international health work" (WHO, 1946). Overseeing health regulations that govern infectious diseases and transborder health risks that arose with the intensification of globalization that might lead to global health disasters is one of the core responsibilities of WHO (Dodgson, Lee, and Drager, 2002: 7). Accordingly, the Organization shall carry out the coordination on surveillance reporting and control by individual states, sanction states that do not comply fully and declare public health emergency if the situation arises.

These responsibilities have gained the Organization a certain level of authority. However, it could also be argued that the Organization has undertaken considerable risk in an issue area that is at the forefront of domestic and foreign policy and touches the fundamental sovereignty assumptions of states (Rushton, 2009: 70). Enforcement and coordination issues are not only related to the International Health Regulations, however. The Organization is primarily a coordinating agent for state action on public health work but has no governance on the world population. National sovereignty concerns restrict WHO action, which in turn reduce WHO effectiveness tremendously (Ruger, 2014: 697). (Godlee, 1994: 1424).

WHO has wide ranging institutional challenges that have attracted much attention since its foundation by the United Nations Charter. The Organization has "narrow, top down, service oriented approach to health and its centralised, hierarchical bureaucracy," (Godlee, 1997: 1359). makes it vulnerable to new challenges. It lacks "coordination capacity, fairness, a master global health plan, effectiveness and credible compliance mechanisms" (Ruger, 2014: 697). In 2010, an internal report on the sustainable financing of WHO identified three major problem areas that contribute to the institutional challenges: (1). WHO has more responsibilities than it could handle; (2). The global health landscape has developed beyond WHO's control; and; (3). WHO lacks means and capacity to respond to the challenges of today's global health issues (WHO, 2010). One major challenge that is directly linked to these problem areas is the funding sustainability of the Organization. The budget is comprised of assessed contributions by states and voluntary contributions by states as well as non-state actors. However, the member state contributions are not sufficient to carry out core activities let alone expand WHO's reach to policy areas that arise. Voluntary contributions and external funding constitute the majority of funding to WHO (Reddy, Mazhar, and Lencucha, 2018: 3). This creates a number of problems. Firstly, member states request policy prioritization in return for their gifts and bequests (WHO, 1946: 2). WHO fails to implement policies independent of the donor states, (Taylor, 1992: 339). since the global health landscape is overly developed with alternative non-state actors, and this poses for WHO the risk of

losing donors to others (Reddy, Mazhar, and Lencucha, 2018: 5). The United States has sought to use funding to pursue its own policy objectives multiple times in WHO's short history. In 1985, the United States cut funding in response to WHO regulating essential drugs related activities, which was opposed by US based companies (Ruger, 2014: 699). This has undermined WHO's credibility. These challenges prevent WHO from achieving its organizational objectives. As an Organization that is historically in crisis, the failure to reform it (Godlee, 1997: 1359). has only accentuated the implications of the leadership deficiency in the global health landscape.

The Covid-19 outbreak exacerbated tensions in international cooperation, as opposed to the views that it would unite actors. The tension increased in relation to WHO's delayed response and the allegations that WHO was covering up disease origins. Tension quickly escalated to the US withdrawing funding and China assuming further role in Covid-19 related funding (Gowan, 2020: 76). WHO and the multilateral forums have become the battleground for the US and China for influence, further harming the Organization's effectiveness, and thus, authority.

This thesis studies the World Health Organization in light of the inter-state relations, state reactions to and global management of the Covid-19 pandemic and more importantly, in light of the Covid-19 vaccine development, allocation and distribution process. This thesis aims to understand how the theoretical and structural problems within the World Health Organization make it vulnerable to state politics and inter-state competition; and how these effects are highlighted during significant crises such as the recent Covid-19 pandemic.

The theoretical framework will be drawn from the neoinstitutionalist assumptions and will be cross-analyzed with the neorealist perspective. It is argued that in time of a crisis that disrupted the economic, political and social foundations of the 21st century international system the World Health Organization have fallen behind promises and expectations. This thesis argues that the pandemic highlighted the role of the states in

overcoming a global crisis and undermined the sovereignty of the World Health Organization. The increase in self-help strategies and domestic pressure led major players in the international system to disregard the Organization in their decision-making.

In the first chapter, the contestant neoinstitutionalist and neorealist theories are discussed to explore the ideas on the state of anarchy that govern the relations among states and the possibility of cooperation. I give special attention to the neorealist criticism of the neoinstitutionalist theory. I also define authority and what it comes to mean in the context of the international system. Lastly, I detail what a legitimate authority is and how international organizations relate to different types of authoritative behavior in order to lay out the measure for the efficiency and authority of WHO in the following chapters.

In the second chapter, I give a brief account of the development of global health governance with particular emphasis on WHO's role. I then detail the International Health Regulations and its reform that shaped the regime on the global governance of infectious diseases. The majority of attention is given to the structural problems within WHO. The financial constraints that determine WHO's general institutional challenges are also given in a separate section.

In the third and final chapter of the thesis, I analyze WHO's response to the pandemic with a focus on current organizational challenges and the US - China competition over WHO, touching upon administrative and financial aspects of the rivalry. I further detail the vaccine rollout process and the management of equal and equitable vaccine distribution handled by the COVAX initiative, co-led by WHO. I further discuss the implications of the management process on WHO’s authority and efficiency. In the following chapter, I discuss how WHO's weak authority resulted in its poor crisis management. I argue that WHO has unavoidable structural issues that put it at a disadvantage in governing global health and the vaccine rollout effectively.

The research question is “Has the Covid-19 pandemic and the subsequent vaccine rollout management process weakened the efficiency and authority of the World Health Organization?” The hypothesis of the thesis is that the Covid-19 pandemic and the role WHO played during the initial stage as well as the equitable vaccine rollout policy negatively impacted the World Health Organization’s efficiency as an international organization and authority as the lead global health governance body.

CHAPTER 1

INTERNATIONAL ORGANIZATIONS AND THE PROBLEM OF AUTHORITY

1.1 NEOINSTITUTIONALIST UNDERSTANDING OF THE INTERNATIONAL SYSTEM

The neoinstitutionalist theory was developed in the 70s as a result of a search for a new foreign policy approach in order to respond to the challenges posed by interdependence. The oil shocks and the energy crisis drastically affected world's economies. Individual states failed to overcome the challenges alone, and the international system demanded a new understanding. The emergence of the neoinstitutionalist theory was an attempt to modify structural realism to the conditions of contemporary reality (Keohane 1986: 193).

For neoinstitutionalists, complex interdependence is the structural feature of the international system. Keohane & Nye, 1977).

Unlike neorealists, the neoinstitutionalist theory proposes that there exists different issue areas, and argues that each issue area, owing to specific conditions, has different action contexts (Keohane & Nye, 1977: 26). The international system, then, is an assemblage of other issue areas. Furthermore, these issue areas are linked to one another through time. This enables actors to develop reciprocal strategies (Hasenclever, Mayer and Rittberger, 2000: 7). The overaggregation of power in the neorealist case is viewed as a simplistic explanation of world politics. The neoinstitutionalist approach aims to better understand and predict outcomes by way of not reducing state motives to establishing and maintaining security (Spindler 2013: 146).

The development of the theory is directly linked with the realist tradition, and especially neorealism, in the historical sense. The two theories have similarities, as well

as assumptions that differ. Keohane compares the neoinstitutionalist assumptions to Structural Realism in three main terms. Both theories agree that states are the principal actors in world politics. However, the neoinstitutionalist approach emphasizes non-state actors such as international organizations and is involved heavily in the relations between states and these actors (Keohane 1986: 193). Secondly, both theories assume that states are rational actors. Nevertheless, it should be noted that decisions are made in light of the information available. Lastly, the theories diverge in their understanding of state motivations for power. Keohane highlights that, against realist conceptualizations, states do not always seek to maximize power. The neoinstitutionalist theory assumes that state interests differ according to external conditions; when the environment is hostile and survival is at stake. When these conditions are met, security becomes the highest objective. When conditions are relatively friendly, however, state goals shift from security to accomplishing other state objectives (Keohane 1986: 194).

The neoinstitutionalist understanding promotes peaceful change. The positive outlook of this theory is reflected in Keohane's desire to adapt theory into practice. The realist pessimism that views the anarchical system as a trap is only overcome if states actively influence the system's variables as a whole. Since complex interdependence constrains state action and creates multiple contact channels for states and societies that trigger increased cooperation, Keohane argues that policy action must focus on finding cooperation patterns (Keohane 1986: 199) and solving contemporary global issues. Keohane & Nye, 1977) (Spindler 2013: 149). In Keohane's words, "how can order be created out of anarchy without superordinate power, how can peaceful change occur?" (Keohane 1986: 199). In fact, the lack of a centralized governing authority could be compensated by the existence of international regimes and institutions (Koremenos, Lipson and Snidal, 2001: 766).

The neorealist and neoinstitutionalist debate is centered on relative and absolute gains. Complex interdependence, as the structural feature of the international system,

diminishes the importance of military power. Instead, cooperation among states is emphasized.

Robert Axelrod used the prisoner's dilemma model to understand the nature of cooperation and demonstrated that collaboration is less likely with the existence of ambiguity (Axelrod, 1984). The availability of information, which highly corresponds with the transparency of relations and institutions, is a determining factor in the decisions of states on whether they should prioritize security over all else or rely on mutual dependence. Information provides certainty. When international institutions improve the quality of information available, the international system benefits from reduced uncertainty and therefore, from reduced confidence in the system (Keohane 1986: 196). International regimes, thus, reduce uncertainty. Or in other words, "reducing uncertainty among participants is a major function of institutions" (Koremenos, Lipson and Snidal, 2001: 766).

Complex interdependence could be understood as the existence of multiple contacts between states. This creates the conditions in which information could be shared more in volume and efficiency, thus leading to high levels of information available (Keohane 1986: 197). International regimes, in this regard, lead self-interested states to coordinate their behavior and thus safeguard the optimal outcomes (Hasenclever, Mayer and Rittberger, 2000: 8). Scholars highlight the emergence of technological developments that introduce new forms of government and cooperation (Deudney and Ikenberry, 2021: 11) and hence make interdependence even more complex. Accordingly however, the realist theory has a tendency to underappreciate the relevance of interdependence and its grand implications (Deudney and Ikenberry, 2021: 20).

In conclusion, neoinstitutionalist theory argues that international cooperation makes predictability easier, and therefore cooperation brings about more cooperation. The expectation that collaboration will be present motivates states to continue

contributing to the international system. On the other hand, states with a reputation for opportunism will be regarded as unreliable cooperation partners, and thus, will likely miss out on the beneficial arrangements in the future (Hasenclever, Mayer and Rittberger, 2000: 8).

1.2 NEOREALIST THEORY AND THE CRITICISMS OF NEOINSTITUTIONALISM

Kenneth Waltz pointed out that one of his objectives in formulating a theory of international relations was to demonstrate a more rigorous approach than early forms of the realist theory (Waltz, 1986: 322).

Neorealism assumes that states are the most critical actors in the international system. They seek to maximize their power; the goal to survive is the minimum requirement, while world dominion is the ultimate desire. In order to achieve this objective, states seek to increase their military and economic power and also form and strengthen their alliances in the international system.

Neorealism assumes that the international system is governed by anarchy. This assumption is shared with neoinstitutionalists; however, neorealists adopt a more pessimistic outlook. Herz, in his International Politics in the Atomic Age book, states that the constant fear and mistrust lead states to a relentless race for security and power. The lack of a higher authority that limits state action by imposing boundaries and costs of misbehavior adds to the insecurity. This is the security dilemma central to the neorealist theory. This condition "compels these units to compete for ever more power to find more security, an effort which proves self-defeating because complete security remains ultimately unobtainable" (Herz 1959: 231).

The anarchical system leads states to embrace a self-help system. States are on their own; they can either survive and dominate others or be dominated and perish.

Waltz developed the neorealist theory as "structural realism" This stems from Waltz's understanding that the structure is separate from the units and processes. The structures are independent of the units, and the interactions between units do not constitute the properties of the units but the system (Waltz: 1979: 80).

The neorealist theory assumes that in the international system, there is the "absence of agents with system-wide authority" There is only coordination without an overarching authority regulating relations between states (Spindler 2013: 132). Waltz argues that the units are equal and the same in terms of their tasks: to ensure survival (Waltz: 1979: 93). However, states differ in relative capabilities. The distribution of capabilities, the theory goes, is the property of the system. The structures, then, determine how units will behave. Different distributions of power mean different policy actions for states involved, and the outcome of their actions is dependent on their relative capabilities (Waltz: 1979: 101).

The defensive realist understanding of international politics, which is a direct offshoot of neorealist theory, views the anarchical system as the defining feature which causes states to pursue power to achieve security. In order to achieve mutual security, states can enter into dialogues, agreements and follow measures (Zhang, 2022: 796). "The first concern of states is not to maximize power but to maintain their positions in the system" (Waltz: 1979: 126). States seek to balance power by forming and joining alliances (Spindler 2013: 134), and international institutions fall under these categories.

The balance of power theory also provides a certain level of predictability in the international system. Since states will seek to balance power in any condition, then the outcomes are easily predictable. The range of expected results falls within certain limits (Waltz: 1979: 126) puts Waltz, arguing that states are limited to only a range of policy actions.

Furthermore, Waltz argues that the study of international politics is the study of the most powerful actors that make the difference. The concepts of bandwagoning and the balance of power apply to the powerful state as the determining element.

The neorealist critique of the neoinstitutionalist approach focuses on the difference both schools of thought have in their understanding of anarchy. For neoinstitutionalists, anarchy is the lack of a governing body that would enforce laws and

ensure cooperation, and without a high authority, states are inclined to cheat, and this undermines possibilities of cooperation. Neorealists, on the other hand, see anarchy as the existence of fear of survival, the constant danger that another state could dominate or destroy other states (Grieco, 1988: 497). Neorealists believed that neoinstitutionalists' understanding of anarchy was limited. According to Joseph Grieco, the neoinstitutionalists limited their assumptions to mistrust and deception while ignoring the issues of violence and survival (Grieco, 1995: 154). In fact, the neoinstitutionalists fail to understand the concepts of Realism. In the realist perception, states could not simply afford to become egoists with self-interest as their core apparatus. Instead, they have to take into account the whole picture (Hasenclever, Mayer and Rittberger, 2000: 9).

Both schools of theory agree that states can achieve international cooperation. However, neoinstitutionalists view that the underlying complex interdependence leads states to realize that collaboration is inevitable for a win-win outcome, as the availability of information produces predictability against the possible problems of deception and fraud. However, neorealists argue that there lies more at stake for states, and the lack of an overarching authority leads states to assume a self-help role to guarantee their survival. This self-help world is not immune to states using it to their advantage. Cheating is a big issue for states, and it reduces the possibility of cooperation (Mearsheimer, 1994-1995: 13).

Neorealism argues that international cooperation and the institutions that are formed are just reflections of egoistic state calculations and attempts to maintain and increase power among states. International institutions "mirror the distribution of power in the system" (Mearsheimer, 1994-1995: 13). These institutions, neorealism claims, are no more than tools that work for the benefit of the states that have orchestrated them or states that are increasing their share of world power by being a part of their processes (Mearsheimer, 1994-1995: 13).

Neorealists also object to the absolute gains assumptions by neoinstitutionalists, though initial neoinstitutionalist theory only implicitly mentions this concept. Grieco argues that neoinstitutionalists have made a mistake in assuming that states are atomistic and are only concerned with their absolute gains. From the neorealist perspective, states fear that other states may become more powerful by joining an alliance or an international institution. Further, another state may gain more in a relationship with the other. Then, a state may choose to withdraw from international cooperation in order to avoid other states gaining access to a better position in world politics. Casting a light on the debate central in this dissertation, neorealists argue that "a state that is satisfied with a partner's compliance in a joint arrangement might nevertheless exit from it because the partner is achieving relatively greater gains" (Grieco, 1988: 487). The neorealist critique also opposes the neoinstitutionalist claim that greater confidence that other states will abide by the terms of the cooperation creates greater conditions of cooperation in the future and affects states' involvement in these arrangements since states value transparency over deception. Grieco contests this understanding by arguing that states may choose to withdraw from such arrangements where all sides are determined to keep their commitments because states fear other states gaining more in the end (Grieco, 1988: 499). States would not desire to commit to arrangements that make states relatively more powerful since the existence of anarchy never ensures that a state will not choose to wage war against its former ally. Therefore, even with states regarded as alliance partners or with states that are part of the international organization one state is participating in, states cannot risk the potential of losing the balance of power in the international system. These considerations lead to the argument that relative gains are important in how states manage their foreign policy since one state's security is dependent on the positions of other states; therefore, states must take into account what other states are gaining or losing relatively (Grieco, 1988: 487). In this context, international regimes are "more difficult to create and harder to maintain" and could only become stable if the expected gains of involvement are balanced for actors (Hasenclever, Mayer and Rittberger, 2000: 10).

1.3 THE CONCEPT OF AUTHORITY IN THE INTERNATIONAL SYSTEM

According to Weber, every authority needs to justify its existence (Weber, 1978: 953). He further explains that "the continued exercise of every domination (in our technical sense of the word). always has the strongest need of self-justification through appealing to the principles of its legitimation" (Weber, 1978: 954).

Cronin and Hurd make clear distinction between power and authority and define authority as the existence of the right and competence to make binding decisions (Cronin and Hurd, 2008: 6). Ian Hurd classifies three sources of authority; coercion, self-interest, and legitimacy. In international relations, the neorealist theory has focused on power as coercion, and the neoinstitutionalist school has emphasized self-interest in understanding why states behave the way they do.

Coercion, on the one hand, is the application of coercive power on the weaker actor and the more vulnerable actor's compliance with this power. The behavior is a result of fear and mainly the fear of punishment for non-compliance (Hurd, 1999: 383). However, coercion risks the loss of social credit; namely the guarantee that coercion will be effective in the future; since coercive action creates resentment (Hurd, 1999: 385).

The liberal school of thought, and the neoinstitutionalist program, which is one of the two key theories essential to this dissertation, has given attention to the self-interest explanation of state behavior. In this line of thinking, states act according to the rules and norms when their self-interests align with compliance. As the neoinstitutionalist approach rests on the assumption that states are rational and make their decisions with rational calculations, then it could be argued that a system of incentives for good action that fits the self-interests of individual states may result in peaceful coexistence (Hurd, 1999: 385). Hurd further distinguishes coercion and self-interest by the direction of restraint on the actor's behavior. With coercion, there is an external restraining power that leaves the actor worse off than before. With self-interest,

an internal restraint is in place that directs the actor to act in accordance with what best serves the interest of the actor (Hurd, 1999: 386).

Here it is worth mentioning that domination as a result of self-interest, which is a neoinstitutionalist explanation of why states choose to cooperate, is at risk of breaking in any condition where the state sees the interest in participating in the arrangement as nonexistent. In Hurd's words: "The self-interested state is not only prepared to break any rule or promise if the payoff is high enough (which merely "interested" states would be equally ready to do). but also values at zero the welfare of others and the existence of the rules themselves, except as they contribute to its own welfare" (Hurd, 1999: 396).

The questions that could serve to develop the arguments of this dissertation, then, would be the following: What makes an international organization authoritative, relevant and efficient? States do not comply with every rule and norm of the international system and the transnational international institutions; therefore, what makes states comply with specific rules and norms and ignore the others? How do the international institutions assure their rules and standards will be obeyed and that they will remain authoritative in the matters serving the universal good?

As the new realities of the international society, global governance institutions, remarks Scholte, are inadequate bodies that lack legitimate authority. This problem of authority is an obstacle in the development of international organizations as well as other global governance institutions. Scholte is interested in how international institutions can gain more authority in an ever-global international society. The complex interdependence aspect of the system has been accentuated ever more, and global interactions have increased. Governance, Scholte argues, creates order and predictability, and thus a certain level of authority is a must to move forward (Scholte, 2007: 307).

Global governance institutions are novel and are still in the developmental stage. However, these organizations claim the authority to request state compliance to rules

and norms, and non-compliance is subject to punishment (Buchanan and Keohane, 2006: 405). For an international organization to have binding rules and norms, it has to be recognized to have "the legitimate authority to take a particular action on a particular matter" (Cronin and Hurd, 2008; 3). In an attempt similar to Scholte's, Keohane and Buchanan argue that the legitimacy (and the perception of legitimacy). of global governance institutions is crucial (Buchanan and Keohane, 2006: 407). For international organizations to thrive, they have to be regarded as legitimate and efficient authorities, and the standards of reference must be adequate; since unrealistic demands from international organizations may lead to their ineffectiveness. This will be touched upon in the next sections.

Bexell further points out the claims for authority by the international institutions. These claims are directed at elite actors, in line with what Buchanan and Keohane claim that state consent is restricted to democratic states; however, in this case, this is hardly a preference but a necessity and the consent derived from these states is not sufficient but a necessary one (Buchanan and Keohane, 2006: 415). These claims are often provided in their constitution, statements, reports, and websites. In the case of WHO, for instance, the claim on authority rests on the constitution, which gives the Organization the responsibility "to act as the directing and coordinating authority on international health work" (WHO, 1946). However, authority claims on their own do not account for the existence of said authority. Bexell states that, even though these legitimate authority claims are crucial in the legitimating process of the actor, it does not always mean that the audiences will accept these claims. Furthermore, an institution is always at risk of losing credibility and hence its authority.

Legitimate authority allows for international organizations to perform tasks valuable to the international society. International organizations provide clarity and predictability, and by reducing commitment problems, they can create the possibility of greater cooperation among states (Keohane, 1984). To achieve these functions, states must not only comply but also support these organizations, as well as refrain from

interfering in their authority (Buchanan and Keohane, 2006: 409). There is a comparative benefit aspect of the legitimate authority of international organizations that stems from the assumption that these institutions provide solutions to problems that no other alternative provides. Authority obtained in such a condition may disappear in the case that the organization fails to accomplish the goals it promises to, or a better alternative is available. The novelty of the global governance paradigm makes it harder to assign roles to international organizations in the supposedly anarchical international system. This inhibits the common understanding on what are the responsibilities of these organizations and how their relations with states and with other global governance institutions ought to be governed. Furthermore, the risk of the wealthy and powerful states dominating the decision mechanisms of these institutions, or manipulating their existence to their self-interests, poses a threat to their authority (Buchanan and Keohane, 2006: 425).

In consideration of the views presented by scholars of IR on authority, it can be argued at this point that the authority of international organizations relies on the existence of accountability, transparency, and effectiveness. All three concepts work together in the formulation of a legitimate authority, and all need to be present in assessing authority. Accountability in Buchanan and Keohane's terms comprises three elements. Firstly, there are sets of standards that these organizations are expected to adhere to. Secondly, information must be made available to the accountability holders. Lastly, accountability holders must be able to sanction if the organization is non-compliant. Transparency of the processes of the organization is necessary for both accountability and assessing whether the organization is effective in solving the problems it promises to solve (Buchanan and Keohane, 2006: 424-28). The existence of "ongoing, informed, principled contestation" of the objectives of international organizations is necessary to determine whether the conditions to authority are met.

CHAPTER 2

WHO AND ORGANIZATIONAL STRENGTH

2.1 WHO AND GLOBAL HEALTH GOVERNANCE

In this section, a brief account of the history of global governance will be given, followed by the place of the World Health Organization in the global governance landscape. The following subsection will provide further information on the International Health Regulations and detail the history of regulatory measures against the spread of infectious diseases.

Public health is concerned with the health of entire populations rather than individuals or groups. Scientific developments in the early twentieth century and the collective traumas of two world wars have been incremental in the rise of considerations for world health. WHO was established in the post-World War II era with the assumption that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and that it is a fundamental human right (WHO, 1946).

What began as a case-by-case approach within WHO was later in the 1960s transformed into wider strategies for improving health in general rather than fighting individual diseases. To successfully manage Health for All and Primary Universal Health Care approaches, cooperation by all states was necessary. The 1980s was governed by economic crises, and therefore funding for the international health systems was significantly constrained. Lee talks about the competition between WHO and UNICEF as a symbol of that decade: Primary Health Care was viewed as inaccessible and too burdensome; rather, funding shifted to select projects. UNICEF and the Rockefeller Foundation created the Task Force for Child Survival, Child Vaccine Initiative, and Global Polio Eradication Initiative around this time. In the 1990s, increased investments were directed at the development of technical solutions to

eradicate diseases. The involvement of the World Bank in the global health governance initiatives in the 1990s brought with it neoliberal economic policy elements. A more rationalistic approach emerged, and the increase in the number and strength of non-state actors diminished state capacity in the overall international public health market. In the same tradition, WHO Commission on Macroeconomics and Health aimed at increasing investment in a cost-effective manner, with the goal of eradicating major diseases that could impact the economies of the world. The Commission was comprised of economists and public health experts, and it serves as a great example of how public health and economic considerations are aligned in today's global governance landscape (Lee, 2009: 32-33).

The marriage of economics and public health did not fail to receive criticism, however. Civil society has been critical in how the investments are directed since they claim that the economic rationalism approach in public health policy favors certain groups over others, as initiatives found approval in accordance with how cost-effective they are. Particularly BRIC states received "disproportionate attention" (Lee, 2009: 34).

The SARS outbreak of 2003 reshaped international health conceptions and led to an increased focus on the eradication of infectious diseases that pose the risk of widespread infection. This was backed by economic considerations and fueled by the acceptance that in the globalized world, one state affected could mean that international trade and travel may suffer dramatically. The economic toll of the 2003 SARS outbreak led policymakers to increase their preparedness in response to minimize the negative impact on the global economy rather than invest in Health for All (Lee and Fidler, 2007).

Even before the outbreak, health policies on national agendas were increasingly connected to security. After the fall of the Soviet Union and the end of the Cold War, new policy areas were sought, and public health gained prominence, thanks to new security concerns. Then Director-General Gro Harlem Brundtland utilized the sentiment

in an attempt to make public health an important element of the policy agendas of national states (Brundtland, 1999). Coincidentally, the SARS epidemic contributed to public health as security policy approaches. However, as was the problem with leveraging public health to economic considerations, security concerns have intervened in the Health for All initiative of the Organization and caused a more significant imbalance in the governance of international health (Lee, 2009: 36).

2.2 THE GLOBAL GOVERNANCE OF INFECTIOUS DISEASES

Global health governance is a phenomenon that gained relevance with globalization. The interconnectedness on all levels, and most importantly, the transportation of goods and people, pose health-related threats, among others. The history of infectious diseases is vast; however, the rate at which these diseases spread and have an economic toll on governments is an ever-growing concern. The threat of infectious diseases is tied strongly to security concerns of states, mainly due to the intrinsic responsibility to protect the citizens from external threats (Rushton, 2009: 63). The protective stance taken by states is not solely for the purposes of protecting the citizens from health-related complications but also for the effects this kind of threat bears on the overall economy of the state. Furthermore, states are conscious of threats to hegemony and survival; therefore, the spread of infectious diseases is regarded as a security matter.

The complex interdependence feature of the international system guarantees that trade will be immensely affected, and an economic toll on one state will also impact the economies of other states. WHO Health Report notes that "an outbreak or epidemic in one part of the world is only a few hours away from becoming an imminent threat elsewhere" (WHO, 2007). Preventive measures become important in this context. Quarantine measures, for instance, have been relevant features of the international system. The Venetian Republic executed an obligatory isolation period for ships arriving from plague-infected areas (Rushton, 2009: 63). In accordance with the theories on mutual dependence, states alone cannot tackle collective problems. International cooperation is key in finding ways to prevent, combat and manage infectious diseases in the age of increased frequencies of travel and trade.

In order to create an infectious disease regime, rules, policies, and processes must be determined. It is also critical to satisfying the competing priorities and interests of states and the international system. This is due to states' preoccupation with security and sovereignty concerns. International Health Regulations are the result of such efforts.

International Health Regulations (IHR). started out as International Sanitary Regulations (ISR). in 1951 and replaced ISR in 1969. However, the major changes to its structure were brought about with the 2005 revision. The revised contemporary objective of the IHR is "to achieve the maximum possible degree of public health protection while – an important secondary requirement – causing the minimum possible disruption to international trade and transport" (Rushton, 2009: 65).

It was evident After the SARS outbreak that new measures had to be taken and that the IHR had to be revised. "It led to the realization that an international public health emergency affects not only human and animal health, but also economic life and countries' economic development" (Whelan, 2008: 3). An Intergovernmental Working Group (IGWG). was formed in 2004, chaired by Mary Whelan. Although discussions have been ongoing in recent years leading to the revisions, the SARS outbreak was the trigger that created the sense of urgency. Initially, the revision plans included regulations on six infectious diseases; however, the new challenges created the need to prepare future-proof regulations. Whelan recounts that a common conception between states was that every state's public health surveillance and support system must be adequate in order to make sure that global regulation of an infectious disease can be controlled effectively. In fact, not all states possess the infrastructure and experience to collect, analyze, and report public health surveillance data.

Furthermore, the global health governance landscape requires unity in determining whether an outbreak is a public health emergency. One of the outcomes of the negotiations was the initiative to investigate whether diseases fall under the "public health emergency concern" (PHEIC). or not. The algorithm developed for states classified three types of infectious diseases. Diseases that are of international concern, diseases that are specified but do not constitute an emergency, and other unnamed diseases that may pose importance and should be investigated further (Rushton, 2009: 68). The underdeveloped surveillance and reporting systems of some countries made it a necessary step to appoint WHO and the WHO's Director-General as the authority to

determine whether an infectious disease is, in fact, a PHEIC. Whelan explains that the sentiment was to appoint an authority that would be free and independent of political interference. The explicit authority now claimed by WHO had to be subject to consultation and accountability (Whelan, 2008: 9). WHO was given the authority to take action against information provided by non-state sources. WHO then requests further information from the state. WHO can share this information with other states if the state in question refuses to work with WHO. Rushton further highlights the possibility that WHO may declare an outbreak and share relevant information on the disease, while the state in which the disease was spotted may decline its existence (Rushton, 2009: 69). This ensures that global governance instruments can overcome state reluctance to provide information and focus attention and resources on taking measures against infectious diseases.

It should be noted that the instruments of international cooperation have strengthened WHO and its capacity to take action against the sovereignty of the state. As Rushton insists, the WHO bureaucracy has gained greater authority that even states are subject to. In this new condition, the decisions that bind states may not always align with interests or preferences (Rushton, 2009: 70). Whelan views this decision as a sign of international cooperation against a common threat. Global health governance benefits from state cooperation which is derived from a "sense of purpose, mutual trust and the capacity to seize the moment" (Whelan, 2008: 17).

The revision of the International Health Regulations resulted in the WHO assuming more authority than before, equipping it with the responsibility for public health surveillance and reporting, and also strengthened its position to take necessary action if states do not abide by the procedures. It can be argued that WHO's role has expanded, its responsibilities have grown and become clearer (at least in the realm of infectious diseases). , which in turn both enabled and constrained the Organization (Rushton, 2009: 70).

The developments in global politics and economic relations have influenced how the IHR is situated. The rising concerns about terrorist attacks on national sovereignty brought with it the consideration of whether biochemical weapons and diseases shall also be included in PHEIC. However, this was strongly refused by developing states, and even though the Western states had supported the initiative, it never took place (Rushton, 2009: 73).

The implementation of the International Health Regulations caused much debate. In many instances, developing states have declined to bring together health and security. The debate is more of a discussion on who will be the governing authority in the global governance landscape. The promoters of the idea see it as a preventive attempt against future epidemics (Rushton, 2009: 75).

2.3 WHO'S INSTITUTIONAL CHALLENGES AND ITS CRISIS OF AUTHORITY

The legitimate authority of an international organization is derived from three fundamental sources; accountability, transparency, and efficiency. The failure of the organization to satisfy any of these sources harms its claims to authority, and thus its authority could be deemed as weak or nonexistent. World Health Organization suffers from institutional challenges that undermine its claims to authority. This section aims to outline the institutional problems that are present in the WHO in detail.

In 2010, WHO convened to discuss the implications of the radical changes on a global scale that have been raising questions within and outside the Organization about the management of the financial resources available to WHO and how the administrative bodies could work together and allocate the resources. The then Director-General, Dr. Margaret Chan, strongly insisted that the meeting was of consultative purposes only, and no decision was expected as an outcome. This is critical in that this meeting reflects the Organization's willingness to look internally and determine WHO's position in the international system after sixty years of its foundation. Going slightly off its course, however, the meeting facilitated the emergence of other key areas of discussion. This report serves as the baseline for understanding the challenges WHO is facing and will be supplemented with detailed analyses of scholars of political science and IR, as well as other reports prepared by WHO for WHO.

The Director-General insists that the current health landscape could be governed better (WHO, 1993: 6-7). In order to achieve this, the working group found that there are three underlying factors to WHO's problems.

1. The Organization's responsibilities are beyond the capabilities of the institution.
2. The Organization has competitors. There are an increased number of players in the global health landscape.

3. The Organization lacks the necessary skills and efficiency to respond to emergencies and new challenges.

2.3.1 Responsibilities Beyond Capabilities

The starting point of any discussion regarding the challenges of WHO are its constitutional promises. The report of the Executive Board working group on the WHO response to global change, prepared in 1993, states the mission of WHO in these words:

> *"The WHO objective, described in the Constitution, is to enable the Member States to ensure the attainment by all peoples of the highest possible level of health. To achieve this, the WHO must have a clear sense of mission and direction "Health for All" provides a valid and timeless inspirational goal" (WHO, 1993: 3).*

The working group report was undertaken to prepare the Organization for the challenges of the millennium, as well as revise plans and programs in consideration of the present paradigm. The Organization announced a "Health for All" initiative by the year 2000 in 1978. However, having seven years to the deadline in 1993 when the report was crafted, it was already viewed as overly passionate and unrealistic. The resources and the changing conditions would not, in any sense, allow the Organization to claim success for this objective. The Organization did not deny that this target served as a motivational concept. However, the universality of the goal did not fit the developments that the world was facing. This failure of target-setting and goal-fulfilling made it evident that the Organization lacked a clear sense of its capabilities and had to invest more in analysis, policy-making, and alignment of means to reach the collective ends (WHO, 1993: 3).

Furthermore, "the health agenda keeps getting bigger" (WHO, 1993: 5) and is ever crowded (Lee, 2009:39). So much so that the Organization fails to keep up with the developments. WHO focuses on a wide range of health issues, which in turn prevents efficient policy prioritization. There are growing demands from WHO in terms of its role in the international health system. These demands are not grounded in the careful

study of its constitution nor are backed by the promises it has announced. Indeed, "WHO has no direct powers to improve people's health. Its success relies entirely on the receptiveness and effectiveness of national governments and the fidelity with which other agencies like UNICEF translate its principles into action" (Godlee, 1994). WHO's roles are often misunderstood. For instance, WHO is not an implementing agency, nor is it a donor. These roles fall beyond WHO's responsibilities. WHO's roles are much vaguer and restricted, and this has a direct impact on the effectiveness of the institution.

The developments in the institutionalization of the International Health Regulations and the decision-making role bestowed upon WHO in determining whether a disease event poses a threat to the international community as a whole have increased WHO's role. WHO continues to lack an enforcement mechanism which could further sustain its role in cases of non-compliance by member states (Rushton, 2009: 76).

WHO is a major contributor to Global Health Governance, without a doubt. WHO deploys strategies and sets goals and norms. WHO's achievements over the years in leading the global health governance, though, created exaggerated expectations which surpass the resources to achieve them (WHO, 1993: 4).

2.3.2 Rivalry as a Detriment to Success

On the other hand, the Organization also has a tendency to attribute its issues to emerging rivals in the global health landscape. The report, for instance, states that WHO holds the leadership role in global health programs and initiatives; however, this role is being undermined by other UN agencies taking the initiative and performing an active attitude in areas related to WHO's agenda. In order to maintain the leadership role, WHO self-prescribes improvements in certain issue areas, mainly at the institutional level, of which we can list "policy analysis and priority determination, program planning and management, resource management" (WHO, 1993: 4) among others. Godlee agrees, stating: "Lack of coordination between international agencies has meant duplication of effort, confusion, and waste of resources" (Godlee, 1997). It is correct to assume that the

underdeveloped nature of the international system makes international organizations vulnerable to authority problems. Institutions of global governance have overlapping responsibilities, conflicting objectives, and surprisingly low levels of cooperation.

The WHO Constitution mandates that WHO acts as the "directing and coordinating authority on international health work" This is the first clause of Article 2 "Many stakeholders in global health take their lead from WHO" (WHO, 1993: 13). In fact, the Global health community views the World Health Organization as the governing body of health-related issues in the international system. WHO's achievements in the past, the eradication of smallpox and the fight for AIDS, for instance, have contributed to this perception. However, the Organization is often criticized for its structural problems and for underperforming while its Constitution dictates otherwise. Many reform attempts have been undertaken to empower the Organization with enforcement powers, which it currently lacks (Ruger, 2014: 697). This reduces WHO's ability to compete with other agencies and non-state actors.

2.3.3 New Challenges to Overcome

One specific criticism of WHO is how the need for reform is not met promptly (WHO, 1993: 2). This is important in the current context, as shifting conditions of global governance require a more dynamic organization ready to address problems timely and efficiently. Although efforts to reform the institution are not new, the issues and difficulties persist to trouble WHO's actions and policymakers at states.

The meeting report states that financial, trade-related, and political developments have significantly impacted health-related matters. Globalization has complicated things for international organizations as well. The health agenda is ever-growing, and the Organization lacks the resources, mobilization, and means to find solutions to the problems as they arise. As Dr. Chan puts it, "lines of responsibility are blurred" (WHO, 1993: 5).

When the Organization was established in 1948, the mandate dictated that the Organization must work with the goal of attainment of health for all in a global sense. The Organization works in coordination with member states and aims to influence the health policies and train the regional/local personnel and health professionals (Ruger, 2014: 1424).

The underlying factors of WHO's problems hint only at the general themes that are at work. The following section will detail the financial aspect that significantly constrains WHO's roles and functions. The institutional issues that have developed due to unsustainable funding structure are demonstrative of the practical problems of WHO.

2.4 FUNDING AND WHO'S INSTITUTIONAL CHALLENGES: EFFICIENCY, ACCOUNTABILITY, AND TRANSPARENCY

Financial sustainability has been a chronic issue for WHO. The literature on the funding challenges of WHO dominates the discussions of WHO's structural problems as a whole.

Reddy, Mazhar, and Lencucha's literature review outline three major themes governing issues regarding WHO's financial sustainability. Firstly, organizational funding is not sustainable and, therefore, weakens predictability. Second, the financial governance of the Organization lacks accountability and transparency. Moreover lastly, WHO's organizational function is eroded due to a lack of financial autonomy (Reddy, Mazhar and Lencucha, 2018: 3).

2.4.1 Unsustainable Organizational Funding

WHO depends on the funds from member states as well as on voluntary contributions. Since the 1980s, the percentage of assessed contributions by member states in the Programme Budget that is calculated by the country's gross domestic product and population has decreased significantly. In recent years, the share of assessed contributions has been below 20 percent. In 2016, the share of assessed contributions was at 20 percent, and in 2019 the percentage dropped to 16. 2020 was an extraordinary time period in terms of funding sources due to increased voluntary contributions by states and private institutions as well as individuals in support of the efforts against the Covid-19 pandemic. The share of assessed contributions recorded the lowest in the history of the Organization, at 9 percent (WHO, 2020: 7). The share of ACs saw an increase after the Biden administration reinstated payments to WHO and the voluntary contributions decreased after the relative improvements in the management of the pandemic in the first year (WHO, 2021: 7).

Assessed contributions are regarded as the most flexible form of funding. The Organization relies on this type of funding to run its core business. The ACS also

guarantees a certain degree of predictability for the Organization, which the Organization lacks due to the high volume of voluntary contributions, which are often targeted at specified agendas. The Organization aims to increase member state contributions, but member states are reluctant to do so (KFF, 2021).

The current trajectory of funding of WHO, the reduced share of ACs, and the dominant position of VCs create an imbalance that not only complicates policy management but also causes member states to have less and less trust in their contributions to WHO and WHO's the ability to tackle issues that are of interest to the collective good or the interests of these member states.

As was stated above, voluntary contributions are outside the mandatory "membership fees"; therefore, they are regarded as instruments of the donor, an incentive given to the Organization to achieve certain policy interests of the donating actor. It could be argued that, eventually, the wealthy donors assume control of the policies rather than the Organization and its governing bodies (Reddy, Mazhar, and Lencucha, 2018: 3). This, in turn, leads to WHO pursuing policies that deviate from its core activities. The authoritative body in the global health landscape, which fails to follow decisive and effective health for all initiatives, loses its credibility among its donors. Moreover, it is not only that states become less and less interested in funding the Organization, but also private institutions and individuals as well, become inclined to transfer their funding to organizations and initiatives other than WHO.

Member states also contribute through VCs, which allow them greater flexibility in pursuing their policy interests within WHO. In fact, while states are reluctant about increasing their funding that is transferred to core activities of WHO, they are advocating increased VCs, as in the case of the USA, UK, and China (Reddy, Mazhar and Lencucha, 2018: 3).

In response to greater inflexibility, WHO has openly discussed the inclusion of non-governmental funds, especially from the commercial sector. However, critiques

have warned about WHO losing its position as the highest authority in the global health landscape (Richter, 2014: 348).

Attracting increased support from the member states is crucial for achieving sustainable funding. Increasing assessed contributions by states have always been central to the discussions on reforming WHO's financial model. For states to prioritize WHO funding, they have to regard themselves as stakeholders of the Organization. In 2011, Dr. Margaret Chan insisted that states did not see themselves as shareholders and therefore were not as interested in the Organizations success (Chan, 2011).

2.4.2 Lack of Financial Transparency and Accountability

WHO is often criticized for the lack of institutional transparency and accountability.

Director-General during the 51st World Health Assembly, Dr. Brundtland, stated that "WHO can and must change. It must become more effective, more accountable, more transparent and more receptive to a changing world" (Brundtland, 1998). Suggestions for a more transparent WHO included disclosing how and in what issue areas the funds are spent, as well as the expenditure of regional offices and the outcome of their activities.

Leadership issues have also been relevant for WHO's general image and activities. The reelection of Dr. Hiroshi Nakajima from Japan and the events surrounding it resulted in allegations and eventually an investigation. Western donors, including the United States, objected to Dr. Nakajima's renomination due to Nakajima's management style and communication issues. However, there are allegations that Japan pressured developing member states and garnered their support, threatening to withdraw trade and aid agreements (Godlee, 1997). Further allegations included the extension of contracts for certain Executive Board members and misuse of resources.

It is evident that the Organization is defenseless against intervention by power groups, and in this case, member states, by way of pressuring other member states,

which is one of the main arguments of this thesis. The organizational structure makes WHO vulnerable to internal and external pressure.

2.4.3 Financial Autonomy Sustains Organizational Function

WHO's governing structure is comprised of the Director-General, who leads the Organization and who is chosen by the World Health Assembly. The WHA convenes each year to set the policy of the Organization as well as approve the budget and program. The Assembly consists of representatives from 194 member states. The Executive Board is a relatively more specialized instrument with 34 qualified members from the six regional offices of the Organization. The Executive Board facilitates the Organization in overseeing the implementation of the work plan and devises policy proposals for both the Assembly and the Director-General.

The Working Group Report dated 1993 focuses on the bureaucratic conflicts between the organs within the Organization. The competition of policy and the related budget is an important aspect of understanding how the Organization functions. The World Health Assembly, the Executive Board, and the Regional Offices do, at times, clash over job descriptions or the allocation of resources (WHO, 1993: 4).

The organizational function is significantly limited due to financial inflexibility. The share of assessed contributions has diminished while earmarked contributions have risen, leading to specific interest areas finding resources easily while core activities and organizational processes lack sufficient funds.

One big issue is the issue of "Extrabudgetary Programmes," which causes the WHA, the Executive Board, and the Regional Committees to follow competing budgetary policies (WHO, 1993: 10).

WHO has also experienced a growth of issue areas while funding stayed limited. Inclination towards the utilization of the Extrabudgetary contributions could be regarded as a natural course. However, this also runs the risk of losing sovereignty in the policy-

making function. WHO's priorities have been influenced by major donor member states and non-state actors, which has shifted the health for all approach from less powerful and influential states and actors (Reddy, Mazhar, and Lencucha, 2018: 7). WHO has a hard time balancing its essential activities with the agendas brought or emphasized by the donor states and other philanthropic bodies. Apart from their mandatory payments according to their population and size, member states also contribute heavily to certain agendas, which distracts the Organization from focusing on its purposes. This intervention furthers any attempt on WHO's side to plan out and execute its priorities (Godlee, 1994). It is not totally unexpected, then, that WHO as an organization lacks a clear strategy as a whole. We can speak of a tendency to allocate resources to the interests of donor states and their favored agendas.

It is essential for WHO to adhere to its role as the leader in the global health landscape. Since "the contemporary global health landscape is characterized by a lack of coordination among highly resourced state agencies and non-state actors with often divergent priorities" (Reddy, Mazhar, and Lencucha, 2018: 7). The ever-crowded global governance landscape (Lee, 2009: 39) is beyond the control of WHO (Reddy, Mazhar and Lencucha, 2018: 8).

The lack of organizational autonomy within WHO contributes to powerful member states pressuring WHO. The US, which was the largest donor until Trump Administration reduced funding, has continuously opposed any regulatory action by WHO that would go against the interests of transnational companies. One clear example is the US opposing Code on the Marketing of Breastmilk Substitutes. WHO's autonomy is greatly challenged by these kinds of developments, and these lead to diminished credibility of the Organization (Reddy, Mazhar, and Lencucha, 2018: 8). The very reasons the wealthy donor member states criticize WHO and refrain from revising the "zero nominal growth policy" and increasing assessed contributions are the lack of flexible funds and a clear organizational structure cause; inefficiency, lack of transparency and the lack of accountability (TWN, 2015).

Dr. Chan identifies WHO's a significant challenge in terms of accountability concerning member states as follows:

> *"Some Member States want us to have a much stronger presence at the country level. They use their financing to get their views across. They justify their support to WHO in terms of how we help them achieve their development objectives. There is nothing wrong with using health as an instrument of foreign policy. However, WHO must constantly guard its integrity as a neutral and objective agency" (WHO, 1993: 10).*

Financing is a big part of how WHO achieves its responsibilities. However, Dr. Chan mentions that they operated with "a financing system which favors some parts of the budget, leaving many areas and functions dangerously under-funded" (WHO, 2010: 10).

The mistrust and limited flexibility in policy management have also impacted WHO's responsiveness and capabilities in addressing major health crises (Reddy, Mazhar, and Lencucha, 2018: 9). Hence, the conflict of interest during the initial stages of the Covid-19 pandemic.

However, it should be noted that the developing states have been interested in supporting and increasing the role of WHO. BRICS countries, for example, have seen an opportunity in a WHO, which is the coordinating body of health in the international system. China has become the largest donator of assessed contributions, and the rest of the BRICS members have also increased their contributions over time (Reddy, Mazhar, and Lencucha, 2018: 9). This is representative of the change in policy priorities among states and will be touched upon in the following sections.

In the next chapter, the thesis will discuss the Covid-19 pandemic events and the subsequent vaccine rollout phase and analyze WHO's crisis management performance.

CHAPTER 3

CRISIS MANAGEMENT: WHO DURING THE COVID-19 CRISIS

3.1 THE COVID-19 OUTBREAK AND WHO

On December 31st, the WHO China office picked up on the news about a viral pneumonia in Wuhan. On January 9th, 2020, WHO announced the first cases of the novel coronavirus in the Wuhan province of China. Two days later, WHO announced on Twitter that it had received the genetic sequence of the virus. At the end of the month, by January 31st, Emergency Committee tasked by WHO issued Public Health Emergency of International Concern (PHEIC), which is the highest level of alert in accordance with the IHR (Yiu, Yiu and Li, 2021: 98). By extensive negotiations, WHO secured two visits to China, one in January and the latter in mid-February. The statements upon the Director-General's return praising the strict lockdown procedures adopted by China received backlash by the international community (Kavanagh, Singh and Pillinger, 2021: 38). In March, long after the cases were seen in many countries and air traffic was restricted, WHO declared Covid-19 a pandemic. WHO Director-General Tedros Adhanom Ghebreyesus stated that "We are deeply concerned by the alarming levels of spread and severity and by the alarming levels of inaction" (Ghebreyesus, 2020). The outbreak reached uncontrollable rates in a short period of time and soon the criticisms surfaced due to the delay in response to the crisis.

The allegations that WHO was covering up the pandemic's origins in Wuhan caused the US to retaliate and announce in April that it is cutting its ties to WHO. Reports on China reporting false information to WHO and manipulating WHO in terms of travel restrictions led to accusations of Chinese misinformation. In fact, the earliest date the virus is detected goes back to November 2019. China continued to downplay the extent of the spread until the outbreak was named a pandemic (Campbell and Doshi, 2020) (Kavanagh, 2020). In a government statement, it was declared that "coupled with

PRC's gross cover-up and mismanagement of the Covid-19 crisis," it "should make obvious to all that Beijing is not behaving as a responsible UN member state" (US Government, 2020). China's accusations followed the claims that the US army was instrumental in bringing the virus to mainland China. China further claimed that it reckons "power politics and acts of bullying" of the US and mentioned its reactionary withdrawal from the Paris agreement, Iranian nuclear deal, and Open Skies Treaty, arguing that "the United States is the trouble maker in the world" (PRC Government, 2020). The US pulled out of the WHO entirely as of May. People's Republic of China, on the other hand, offered to fund the WHO in the fight against the adverse effects of the pandemic in an amount equivalent to nine times the annual US contribution; an attempt by China that is regarded as a means to use its economic power to shape the UN agenda (Gowan, 2020b). China further utilized soft power instruments and sent medical equipment to Italy, provided medical teams and masks to Iran and also sent testing kits to Serbia (Çiçek, 2020: 972) – all in line with the country's aim to replace the US in the international system as a provider and coordinator.

A coalition excluding the US and China has called for the impartial evaluation of and action regarding the crisis while the rivalry was occupying the agenda of multilateral forums. The US and China were viewed as undermining the deliberate efforts to tackle the crisis. Even though the US has sent signals of a protectionist, anti-globalist stance in the international arena with the Trump administration, the European Union and allied states still rested on the power of a multilateral organ to fight the adverse effects of the pandemic. Their intentions are best seen in collective endeavors. Australia and the EU passed a resolution at the World Health Assembly in May. On the other hand, US allies were not in complete agreement over US withdrawal from the leadership role. There were shared concerns about China's dominance in the global governance systems. Not happy with the expansion of Chinese influence in the UN agencies, the US and its allies prevented a Chinese candidate from assuming the leadership role at the World Intellectual Property Organization. In another case, when Australia proposed an investigation of the pandemic before the resolution passed at the WHA, the immediate

reaction from China was to declare that Australia was working on behalf of the US and take economic action against Australia, restricting the barley and meat trade (Gowan, 2020a: 76). China further used its economic power to influence policymakers in the EU. Since China is the EU's most important trading partner, EU authorities were reluctant to punish and cut economic ties with China (Impiombato & Pascoe, 2020: 97).

The next section explores the condition of international cooperation as a whole in light of the recent pandemic related circumstances. The US and China rivalry is given special attention in understanding the nature of relations in the post-pandemic world.

3.1.1 Inter-state Rivalry at the Early Stage of the Pandemic

Collective action was necessary in order for states to reduce the effects of the pandemic. The pandemic posed an obvious case for collective action (Gowan, 2020a: 75). As Whelan observed that "when states share a common perception of threat, they find ways to cooperate" (Whelan, 2008: 14). However, Hulme and Horner argue that the pandemic did not strengthen international cooperation but exacerbated nationalistic approaches. Governments blamed the international system and the global arrangement of relations for the fast-paced spread of the disease. States retreated inwards, and this was a demonstration of a help-yourself paradigm (Hulme and Horner, 2020: 185). States implemented "inward-looking responses" and halted economic transactions and the transportation of goods and people (Haddad, 2020: 80).

The scholarly response in the initial stage of the pandemic could be characterized by extensive theory contestation and prediction-making. The future of the international system was uncertain. While some scholars saw the future of international cooperation at stake, others noted that the neoliberal institutions were always fragile. Dani Rodrik, for instance, investigates the essential questions of the post-war international system. Will the pandemic bring a new version of the Cold War between the United States and China? Will world history change dramatically, pandemic as the trigger? More importantly, or more practically, will the global system shatter into pieces and lead to the rise of the nation-state once again? Rodrik insists that the pandemic solidified our already existing views (Rodrik, 2020). This did not occur only in the political realm. Scholars agree that the inequalities regarding income, gender, and race have resurfaced and even strengthened by the effects of the pandemic (Cannon, 2021: 105). International financial institutions aided the powerful.

International cooperation was deemed less likely over the past years due to the dialectics of globalization. "The spatial dynamics of liberalization, offshoring, and corporate greed have generated reactionary backlashes in some developed economies"

(Hulme and Horner, 2020: 193). Both as a concept and a feature of our contemporary reality, globalization has attracted opposition from the anti-globalists and the right wing. The rise of the me-first economic policies was backed by retreating inwards.

International organizations were criticized heavily. The criticisms mainly focused on their diminished relevance that failed to keep the international community together and generate a collective response to the effects of the pandemic, and also the delayed response of the World Health Organization and the lack of coordination in the management of the global health crisis that together hinted at the institutional problems of WHO. Hulme and Horner call for a reconceptualization and redesign of the international institutions. The need to reform global governance institutions to strengthen the global governance landscape is urgent (Hulme and Horner, 2020: 194).

In the neorealist theory tradition, the international institutions have a history of being regarded as the instruments of the big fish in the pond. Self-interest is the driving motivation in international affairs, and the states can jeopardize cooperation if it serves their interests more. Furthermore, the regard for the international institutions is only present if the institutions serve the policy objectives of the states. Gowan states that the existing conflicts between the United States and China in the United Nations system are only heightened (Gowan, 2020a: 75). The two powers conflicted at the multilateral forums even before the pandemic hit. Trump administration's attempts to gradually withdraw from these institutions in line with shelterism and the self-help policy only accentuated the dispute.

With the withdrawal of the US, the vacant positions at the top UN posts were deliberately filled by Chinese professionals and bureaucrats. It would be wise to insist that these professionals are not appointed as the instruments of the originating country. However, it hints that this issue is directly linked to the state's involvement in the respective agency's affairs. Involvement here is in the sense that (1) these states are more eager to fund and support policies that touch upon these agencies, and (2) these states

are using these agencies to pursue their interests in the subject matter of these agencies, either by promoting their state policies or enjoying a relaxed involvement in the agency affairs. Gowan highlights the efforts of China to gain control of the top posts at the UN and its agencies. Gowan states that as of the time of the article, Chinese nationals led 4 of the 15 UN specialized agencies. The World Bank was the only agency led by a United States national (Gowan, 2020a: 76).

Norrlöf observes that the pandemic is the first international crisis in which the US does not play a significant coordinating role (Norrlöf, 2020). The US chose to weaken the World Health Organization instead, rather than strengthening the institution and pioneering the way in doing so (Abbas, 2020: 4). Declining US influence in the multilateral forums correlates with the rising influence of Chinese domination. The US was strongly disturbed by these developments and aimed at preventing China from assuming leadership in these institutions. The rivalry between the two powers on the multilateral forums reflected the "longer-term decline in the powers' willingness to work together through the UN system" (Gowan, 2020a: 75). The rivalry is not specific to the pandemic; in fact, scholars have warned about the possible dangers of "a new bipolarity in multilateral forums" that could potentially "halt or weaken" these institutions (Gowan & Dworkin, 2019: 5). From a historical perspective, however, in the early stages of the pandemic, the assumption was that the multilateral institutions were in a favored position (Haddad, 2020: 80).

At the initial pandemic stage, the US-China rivalry was viewed as close to Cold War tension. The rivalry in the multilateral forums harmed the fragile institutions and damaged the World Health Organization. The importance of global collective action and the image of the international institutions were harmed. The contest for global power and influence led the two powers to "exploit and undermine multilateral organizations" (Gowan, 2020a: 78). But Gowan also points out that the fragility of these institutions in the face of a contest of power demonstrates that they are, in fact, ineffective". As China and the US contend for power, the UN system is "sadly liable to be too much a

battleground where the pair jockey for power, and too little a haven of cooperation" (Gowan, 2020a: 78).

Considering the developments at the initial stage of the Covid-19 global health crisis, it could be argued that international institutions have become arenas of competition and have been institutionally ineffective.

In the following section, the push for global response to the global crisis, the creation of ACT-A, will be discussed in detail to reach an understanding on the role of WHO in battling the effects of the pandemic.

3.1.2 Acceleration of Efforts: ACT-A

On April 20, 2020, a resolution was adopted by the United Nations General Assembly in response to the Covid-19 pandemic that had spread all over the world in a matter of weeks and that had severe effects on the society, economies, trade and travel. The resolution 74/724 acknowledged "the crucial leading role played by the World Health Organization." The resolution further requested from Director-General to collaborate with the UN agencies and the member states, to;

> *"Identify and recommend options, including approaches to rapidly scaling manufacturing and strengthening supply chains that promote and ensure fair, transparent, equitable, efficient and timely access to and distribution of preventive tools, laboratory testing, reagents and supporting materials, essential medical supplies, new diagnostics, drugs and future COVID-19 vaccines, with a view to making them available to all those in need, in particular in developing countries" (UN, 2020).*

Days later, the Access to COVID-19 Tools (ACT) Accelerator was established. It is defined as a "groundbreaking global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines" on World Health Organization's dedicated webpage (WHO, 2020).

The launch represented the multilateral structure of the initiative; Director-General of the World Health Organization, the President of the European Commission, the President of France and the Bill & Melinda Gates Foundation led the way for a platform that would find speedy solutions to counter the pandemic, to reduce its tolls and help efforts of recovery (Storeng, Puyvallée and Stein, 2021: 3). The platform consists mainly of the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaid, Wellcome, the WHO, and the World Bank. The emphasis was on the equitable distribution of tests, treatments and vaccines.

The platform consists of four pillars: Diagnostics, therapeutics, vaccines and the health systems and response connector. WHO insists that it plays a key role in all four pillars.

The vaccines pillar was led by the COVAX initiative. It is a collaboration between GAVI, the Vaccine Alliance, Coalition for Epidemic Preparedness Innovations (CEPI), and the World Health Organization. It aims to accelerate the development, manufacturing and equitable distribution of the vaccines to global populations. The initiative essentially focused on three objectives: (1) Backing promising candidates for a rapid Covid-19 vaccine rollout, (2) Using push and pull financing to stimulate at-risk vaccine investment, and, (3) Ensuring that developing countries have access to the vaccines fairly (Grenfell and Oyeyemi, 2022: 2). WHO, the global health governance apparatus, prioritized learning from past mistakes; since during the H1N1 pandemic in 2009, the procurement of the vaccines was dominated by high-income countries, limiting the number of available doses to developing countries (Turner and Upton, 2021: 428).

In the following chapter, WHO's role in the coordination of vaccine development and equitable distribution of vaccines will be analyzed in order to test the hypothesis of this dissertation that WHO's authority and efficiency have been negatively impacted by the Covid-19 processes, and more specifically, in relation to the Covid-19 vaccine

rollout. WHO's involvement and partnership with the COVAX initiative will be at the center of the analysis.

3.2 COVID-19 VACCINES AND THE CRISIS MANAGEMENT OF THE WORLD HEALTH ORGANIZATION

The development and distribution of the Covid-19 vaccines have been the most rapid in the history of vaccine development. Prior efforts to rollout a vaccine to fight the disease would, on average, take 3 to 9 years (Heaton, 2020).

The Covid-19 vaccine rollout process has been one of extreme inequities, however. There still exist issues in the coverage of the vaccine globally. Developing countries, and most notably the countries in the sub-Saharan Africa region, have significantly less access to the Covid-19 vaccines compared to the other regions of the world. As of November 2022, only a mere 25.3 percent of the population has been fully vaccinated, reports the African CDC (CDC, 2022).

A comparison study undertaken by Glassman, Kenny and Yang focus on the historical precedents of the Covid-19 vaccination efforts, in order to understand how the contemporary pandemic related efforts compare with the examples of the past. The paper cross-analyzes the global smallpox eradication efforts, childhood vaccination programs and the seasonal influenza vaccine (Glassman, Kenny and Yang, 2022: 3). The authors argue that the Covid-19 pandemic stands out in that the aim of vaccination was to counter the pandemic, while in previous cases, vaccines were developed to reduce the effects of the infections. Therefore, the approach had to be quick and widespread. However, the Covid-19 pandemic demonstrated that except from the high- and middle-income countries, rest of the world had to wait for extended periods for the delivery of the vaccines (Glassman, Kenny and Yang, 2022: 28). If full vaccination of the populations is not undertaken, health crises would continue to threaten the entire global population; therefore, timely access to vaccines for developing countries with weak healthcare systems is vital (Zhou, 2022: 455).

3.2.1 The Vaccine Pillar

The COVAX initiative was set up with the goal to deliver vast amounts of vaccines as rapidly as possible to the global population. The specific goal was to deliver 2 billion vaccine doses by the end of 2021 (Independent Panel, 2021), essentially to ensure that most vulnerable populations as well as health workers receive their necessary doses (Turner and Upton, 2021). The mechanism outlined that its goal was to guarantee of at least 20 percent, a figure which was later revised to 70 percent, full vaccination of the participating countries (Glassman, Kenny and Yang, 2022: 8). The initiative grouped participating airlines into two: Self-sufficient and poor countries. Wealthy high-income countries would provide funding to the Research and Development to the vaccine companies and also would donate vaccines to the developing countries with the aims to achieve global surge from the pandemic. The low-income countries would receive donations from other countries and donors through COVAX.

However, the hopes had to be abandoned early on. The 2021 year-end vaccination reports show that 66 of the low- and middle-income countries could not even reach a conservative 40 percent. In contrast, 16 high-income countries had already achieved over 75 percent vaccine coverage with their populations. The independent panel further reports that by the time the report is published major high-income countries have secured Covid-19 vaccines that would cover over 200 percent of their populations. Among these countries are the United Kingdom, the United States, Australia, New Zealand and Canada (Independent Panel, 2021). This discrepancy in promises and results was largely attributed to vaccine nationalism, which led wealthy countries and countries with vaccine development and distribution capacities focusing on the full vaccination of their own populations, cutting off exports to other nations (Glassman, Kenny and Yang, 2022: 14).

Early funding would indeed allow for the initiative to secure enough supplies to realize its goals (BBC, 2021). Instead, COVAX had to realign its global vaccination

objectives due to the limited volume of donations by vaccine manufacturing and high-income countries (Glassman, Kenny and Yang, 2022: 14).

3.2.2 The Shortcomings of the COVAX Initiative

This section seeks to understand the reasons behind the poor performance of the COVAX initiative in delivering on its promises. Storeng, Puyvallée and Stein argue that the reason behind the failure lies in the governance structure of the initiative. COVAX is an example of the public-private partnership model, however it is "not just another global 'collaboration'; It is an extraordinarily complex multistakeholder public-private partnership (PPP), co-led by existing PPPs as one pillar of an even more complex PPP, ACT-A" (Storeng, Puyvallée and Stein, 2021: 2). Gavi and the Global Fund, alongside WHO that make up the initiative, are legal entities with substantial budgets, as well as authority that rivals that of WHO. Both PPPs have received financial support from the Bill & Melinda Gates Foundation, which is also an important donor of WHO. Public-private collaboration has historically attracted much attention and has had the capacity to bring about change quickly (Birn, 2005). Even though WHO has been historically viewing these actors as rivals competing for influence in the global health governance system, as was described in section 2.3.2, has praised these partnerships for their efficiency in achieving health targets (WHO, 2009).

Indeed, the Covid-19 pandemic posed the biggest crisis in global health of recent years and thus required collective steps to address the problem and fight the effects. The formation of ACT-A and the subsequent launch of the COVAX initiative were two steps, but as the dissertation argues, two creative but faulty ones. The vaccine pillar was set out to be co-led by Gavi, CEBI and WHO, as well as UNICEF and PAHO as the implementing partners. Storeng, Puyvallée and Stein argue that the initiative is loosely organized but institutionally complex (Storeng, Puyvallée and Stein, 2021: 5). While the two PPPs and the key global international organization tasked with global health governance make up COVAX, donations received speak otherwise: The PPPs

maintained their autonomies even if they were up to forming a super-PPP that is COVAX. WHO reports that in June 2021, Gavi received 80 percent of public donations, while CEPI received 13 percent. This could be attributed to the pre-existing relationships with donors, manufacturers and global networks of both Gavi and CEPI (Rutschman, 2021: 191).

There are three essential workstreams in the initiative as shown in Figure 1 (Figure 1). CEPI leads the Development & Manufacturing which supports vaccine development and also tracks the COVAX vaccine portfolio, Gavi leads the Procurement & Delivery at Scale in which it is tasked with buying and distributing the vaccines, and WHO leads the Policy & Allocation. The sub-committees under the Policy & Allocation workstream provide policy advice on immunization, vaccine-specific policy advice and propose vaccine allocation (Gavi, 2021a). The coordinating body of global health governance mainly provides advice or makes proposals on processes which are already executed and governed by other authorities.

Figure 1 – COVAX governance structure, Source: (Gavi, 2020a)

The governing structure provides a sense on how the decision-making mechanism at the initiative works. To further understand why the initiative failed to achieve its goals, we have to understand how the different stakeholders are represented in each body. Gavi reported in 2021 that only 14 percent of the professionals in COVAX's governance structure were government officials. Of this 14 percent, only 19 percent were from low- and middle-income countries. Furthermore, civil society was long neglected in the initiative, and only accounted for 3.4 percent of the total professionals (Gavi, 2021b)

The COVAX initiative was launched by WHO and partners on promises of greater representation for the global community as a whole via the equitable distribution

and rapid access to the vaccines. However, its governance is fragmented and dominated by private representation, which hinders the achievement of its goals. In the next section, vaccine nationalism and vaccine diplomacy will be further analyzed to give a better picture on how the initiative, and the coordination efforts of the World Health Organization, have failed.

3.2.3 Vaccine Nationalism

Rutschman defines vaccine nationalism as "the act of reserving millions of doses of new vaccines for domestic use during a transnational public health crisis" (Rutschman, 2021: 9). Jaworsky and Qiaoan view the concept as a race "among individual states to be the first in the market" (Jaworsky and Qiaoan, 2021: 298). The competition to secure vaccines for their own populations by placing massive preorders limits access for other countries (Kavanagh, Singh and Pillinger, 2021: 41).

As mentioned previously, during the H1N1 pandemic, wealthy countries utilized advance market commitments to secure access to vaccines long before they were approved by the authorities. An advance market commitment takes form as a partnership between a national government and a pharmaceutical company, which benefits both parties by guaranteeing early access to the supply of potentially efficient vaccines for the former and financing the R&D to develop such vaccines even if they don't work out at the end, for the latter. In the 2009 pandemic, WHO had intervened to provide low-income countries access to necessary doses by pressuring states to pledge 10 percent of their secured doses. However, this only took place when the pandemic had already slowed down (Abbas, 2020: 3).

At its core, vaccine nationalism is a derivative of the me-first approach that had already spiked during the early stages of the Covid-19 pandemic. Perhaps, vaccine nationalism resonated the most with the "America First" Trump Administration. In fact, White House spokesman Judd Deere stated that the United States would not be "constrained by multilateral organizations influenced by the corrupt World Health

Organization and China" (Taylor, 2020). As was mentioned early in the thesis, the United States announced that it would freeze its funding of WHO first temporarily and in June permanently, and in this context, refrained from joining the COVAX initiative. Instead, the US pursued its domestic version of a public-private partnership, Operation WARP Speed, to finance the development of Covid-19 therapeutics and vaccines. The PPP distributed over $10 billion to eight pharmaceutical companies, among which are Moderna, AstraZeneca, Pfizer and Johnson&Johnson. These investments, and the later investment to CureVac, a vaccine candidate of a German pharmaceutical corporation, secured access to vaccines as soon as they are rolled out (Abbas, 2020: 3). The US only entered the initiative and subsequently became the largest donor in 2021 with the Biden Adminstration (Storeng, Puyvallée and Stein, 2021: 8). Other notable absentees at the first place are the Turkey, Russian Federation and the Republic of China, though China joined on October 2020. China and Russian Federation have developed their own vaccine programs, therefore, refrained from being mandated by COVAX.

The US was not alone in advance market commitments. The European Commission on behalf of the member countries, the United Kingdom and Australia are among the high-income countries which pursued bilateral agreements with the pharmaceutical corporations against the warnings of WHO and the COVAX initiative. These developments further reinforced the "long-standing inequalities in public health between higher- and lower-income countries" (Zhou, 2022: 454).

The COVAX initiative separated member countries by the scale of their economies. High-income and upper-middle-income countries were invited to COVAX Facility and were offered reduced prices due to their combined purchasing power to a shared portfolio of vaccines. The initiative promised a reduced risk in investing the COVAX portfolio (Stein, 2021: 5). Low- and middle-income countries, in turn, were grouped into the Gavi COVAX AMC, the COVAX Advance Market Commitment, which is subsidized by donor states and non-governmental entities. While bargaining cheaper prices for bulk purchases for its contributing members, COVAX also enabled its

members to pursue their own bilateral agreements – a decision that significantly undermined the role of the initiative at the later stages. High-income countries had the means to offer higher prices for the vaccines and had better supply chain reach. Some high- and middle-income countries also purchased from the COVAX portfolio, and some, for instance the Team Europe, which consisted of the European Commission and some European countries, initially didn't. This fastened the transition to COVAX as an initiative "reduced from a global procurement mechanism to an aid project for subsidising vaccine purchase for poor countries" (Storeng, Puyvallée and Stein, 2021: 8). Restrictions were not one-sided, however. Manufacturing companies have prioritized their bilateral deals with wealthy companies; making their first shipments to countries rather than the initiative and also violating their initial funding agreements which they received from CEPI that clearly outlined equitable distribution, in the cases of Moderna and Pfizer (The Washington Post, 2021) (Reuters, 2021). One restriction needed to be mentioned is the limited storing capacity of some of the developing countries of the vaccines, in the case of Moderna, where it required to be stored at minus 70 degrees celcius. This restriction highlights the lack of sufficient preparedness in the infrastructure (Turner and Upton, 2021: 431).

Furthermore, the limited supply of approved vaccines were shipped to countries which already secured access, and this left the initiative with a vaccine shortage for the countries which otherwise could not finance procurement in bilateral negotiations, as the prices had already moved upwards. An additional consideration for the high-income countries became the delays in shipments for the COVAX facility vaccines, whereas they could receive their doses timely outside the initiative (Turner and Upton, 2021: 440). By January 2021, high-income countries that comprise only 14 percent of the global population had already purchased 60 percent of available vaccines worldwide (Cansever, 2022: 250).

Similar to the co-leading organization, WHO, the COVAX initiative lacks any enforcement mechanisms that ensure compliance. The enforcement problem arises when

noncooperation is perceived as more rewarding than continued cooperation (Koremenos, Lipson and Snidal, 2001: 776). This was evident in COVAX's attempts to enforce its self-financing members to contribute vaccine donations to poor countries and share excess doses (Gavi, 2020a). The US, for instance, had in stores millions of unused doses (The New York Times, 2021).

We could outline three underlying reasons as to why sharing excess doses was not as common in the COVAX platform as the initiative dictated. First, countries faced serious domestic political pressure and failed to implement their donation plans. Second, some bilateral agreements with the pharmaceutical companies forbid the donation of the vaccines. Third, countries chose to leverage political gains by sharing vaccines outside the platform. Vaccine diplomacy "directly competes with COVAX" (Storeng, Puyvallée and Stein, 2021: 9). Another example to vaccine diplomacy is the launch of the Initiative for Belt and Road Partnership on Covid-19 Vaccines Cooperation by China with 28 other countries (Ministry of Foreign Affairs, 2021). China exported its vaccines both through COVAX and also through bilateral agreements mainly to non-European countries, where Turkey, United Arab Emirates and Egypt were among the first countries to receive these vaccines (Zoubir and Tran, 2021: 335). The administration change in the US reflected in the foreign policy approach in the vaccines issue area as well. The Biden administration viewed the vaccine front as an important arena to preserve the American influence in the international community and pledged higher numbers of vaccine doses (Smith-Schoenwalder, 2021).

Vaccine diplomacy closely relates to its precursor: Mask diplomacy (Wong, 2020), which dominated inter-state relations at the early stages of the pandemic. Providing mass amounts of medical equipment vital for the prevention of the disease to countries which are low in these materials or are in urgent conditions constituted a diplomatic attempt to extend influence. It should be noted, however, that the Chinese government could adopt vaccine diplomacy as a foreign policy tool, while combating the pandemic at the epicenter, owing to its experiences during the SARS epidemic. The

government had invested heavily in health and this transferred to its foreign policy (Zoubir and Tran, 2021: 349)

3.2.4 Know-How and License Sharing of Covid-19 Vaccines

One major obstacle is the issue of patent and license waivers. The public and private stakeholders of the vaccines have been hesitant on sharing their knowledge with the public. A joint taskforce was established in June by the United States and the European Union to find viable solutions to the vaccine manufacturing and supply chain issues. In September, the joint taskforce declared three priorities: (1) Monitor the global Covid-19 vaccines supply chain, (2) Identify disruptions to the distribution of the vaccines, and (3) Coordinate efforts to boost the global production of these vaccines.

The EU and the United Kingdom, however, blocked the initiatives to waive the WTO regulations on the patents of vaccines and medicines. As a result, the prices jumped. Even if the patent rights were granted, the vaccine rollout process is complex and costly. Manufacturing vaccines "requires hard technology, specific knowledge, data from clinical trials, market-entry permissions, and access to primary materials" (Balfour, Bomassi and Martinelli, 2022: 9).

In August 2021, WHO started to build the first global vaccine-manufacturing hub in Africa; a collaboration with the South African government and the Afrigen biotech company. However, Moderna and Pfizer did not consent to sharing their knowledge and licenses with the initiative (Hassan, 2021). A year prior, WHO established the Covid-19 Technology Access Pool (C-TAP) with the aims of gathering knowledge, intellectual property and data to increase preparedness and find means to fight the effects of the pandemic. The independent panel reports that it received no contributions, even though 41 countries of all financial income levels have connections to the initiative (Independent Panel, 2021: 43).

Pharmaceutical corporations refused to share their technologies in order to keep the prices up. Further criticism highlights that these firms have been exploiting their privileged positions as the suppliers of essential goods (The Loop, 2021), further harming the global health governance ecosystem.

3.3 WHO: A FAILED INTERNATIONAL AUTHORITY

The World Health Organization suffers from several issues that undermine its authority. The Organization was founded because health for all is an indispensable part of peace and security, and it requires the cooperation of all states and the international community. The objective of the Organization was to direct and coordinate efforts to attain health for all. The Organization was to work with states if needed, promote health research, and initiate efforts to eradicate infectious diseases, among other responsibilities. The Organization was assigned the role of leader in global health governance by the United Nations Charter. However, it has consistently failed to achieve the objectives defined in the Constitution.

There are three main reasons why WHO failed to demonstrate an excellent global governance leader example. The Organization was established at the very early stage of international cooperation. This has limited its capacity to function as a full-fledged international organization due to conflicts over sovereignty between the Organization and the member states. This was evident in its responsibilities in governing public health that overlapped with state sovereignty. Either state would resist WHO's guidance, intervention, and leadership or cede considerable sovereignty to the Organization.

The second reason why WHO failed is related to its budget. The Organization had to have a budget to achieve these wide-ranging objectives. The Constitution determined that each member state had to contribute proportionally to its economy and population size. The Organization could, however, receive contributions outside this arrangement. Governing global health is an exhausting job. WHO's diverse responsibilities made it almost impossible for WHO to finance its core program with the core budget. Voluntary contributions lifted the burden considerably; however, this also posed problems. Since these are gifts from member states and other non-state actors, donors could request WHO's attention to specific health initiatives since they require accountability for what they have donated to WHO. The deficiency in core budget and

prioritization of donor preferences creates a chronic policy planning and management problem within WHO. The assessed contributions are almost only sufficient to cover administerial expenses. Over the years, budget decisions on member state contributions have made it harder for WHO to rely on them. Furthermore, private non-state actors and other players have shown increased interest in global health governance. This could be linked to the growing importance of public health policies and their economic aspect. Public health has also become an essential element of global security. These developments attracted new players while also shifting WHO's policies and priorities.

The third reason WHO failed is its failure to adapt to new conditions and realities of global health governance. Even though WHO's responsibility is to guide and direct the global governance landscape, it performed poorly in this regard. The organizational structure hampered its decision-making capabilities to a great extent. The World Health Assembly is the decision-making organ of WHO, comprised of member states. The constituting member states determine the policy and the budget expenses. The Organization is overly dependent on the member states. In addition, the financial inflexibility constrained WHO from policy-generating to channeling donations according to the policy preferences of the donors. Member states could easily withdraw funding or cut voluntary contributions if unmet policy requests. This further complicated efforts to handle core responsibilities.

These elements resulted in three outcomes. The Organization lacks accountability, transparency, and efficiency. The Organization cannot deliver its Constitutional promises, nor can it disseminate qualified information for specific funding and policy arrangements. It further lacks the leadership role the UN Charter gave it. The global health landscape is crowded, and policy generation in the system is not through the coordination efforts of the WHO, as was the case with the COVAX initiative leading the global health governance agenda since its inception.

The founding principle of international institutions is that they solve collective problems beyond state control. The governance of infectious disease control is a good case in this regard. Infectious diseases are threats to public health and the economic and political spheres. Governing the surveillance and control of these diseases meant that states had to forego some of their sovereignty in return for reduced and controlled outbreaks. With the effects of globalization and the heightened importance attached to infectious diseases as threats to the international community, states had no incentive other than to reach an agreement to reform and expand the governance of IHR. WHO gained more authority as the outcome. The Director-General was determined to be the authority to declare whether an outbreak is a significant public health emergency. The Organization also received surveillance and control functions, and its enforcement capabilities were increased in connection, even though it remained a problem for WHO. The reform received objections from some states that it intervened in national health management. Nevertheless, it served as a successful attempt at empowering global governance. The new capabilities and responsibilities WHO assumed came to a test with the Covid-19 pandemic, however.

WHO's response to the pandemic was problematic. WHO failed to solve the global health emergency problem that states alone could not solve. It could even be argued that its failed authority exacerbated the crisis of international cooperation. First of all, the delayed response grew suspicions that the Organization that assumed the leadership role in health-related matters was unprepared. Then, allegations of Chinese misinformation and name-calling accusations of responsibility dominated the global health forum. The rivalry between the US and China undermined the international community's efforts. States took an inward approach and retreated to a help-yourself attitude, challenging the role of WHO. The Organization demonstrated severe issues concerning accountability, transparency, and efficiency.

WHO’s role as the coordinator body of international organizations is further deeply undermined with the vaccine development, allocation and distribution policies.

COVAX, defined by Gavi as “a ground-breaking global collaboration to accelerate the development, production, and equitable access to Covid-19 tests, treatments, and vaccines” (Gavi, 2020b) failed to deliver its promises. The gap between what is achieved and what is necessary is wide (Balfour, Bomassi and Martinelli, 2022: 7). Figure 2 demonstrates that by the middle of 2021, The Western countries had already achieved 30 to 40 percent full vaccination for their populations, while the low- and middle income countries lagged behind (Figure 2). In fact, John Nkengasong, the director of the Africa CDC, stated in September 2021 that "COVAX has been a moral tragedy. The intent and the design [were] perfect, excellent, but the execution-even the people running COVAX will admit that it has not delivered on its promise" (Maclean, 2021). The distribution of vaccine doses is significantly higher for the high-income countries, hence creating a discrepancy in the expectations and deliveries. Furthermore, the initiative had announced its aims to distribute 2 billion vaccine doses worldwide by the end of the initial year. COVAX had only reached 1 billion doses by the start of 2022. Figure 3 shows the fully vaccinated proportions in each country by the end of 2021 (Figure 3). Figure 4, on the other hand, shows the state of the fully vaccinated by the time this thesis is written (Figure 4). Gavi reports that as of November 29th, 2022, the total number of doses shipped through COVAX is 1.84 billion (Gavi, 2022). This is significant since the initiative could hardly achieve the levels it hoped to achieve in a year in terms of almost two years, and yet, the proportions of fully vaccinated populations present a contrast difference. Director-General of WHO stated that “the rapid development of Covid-19 vaccines is a triumph of science, but their inequitable distribution is a failure of humanity” (UN, 2021).

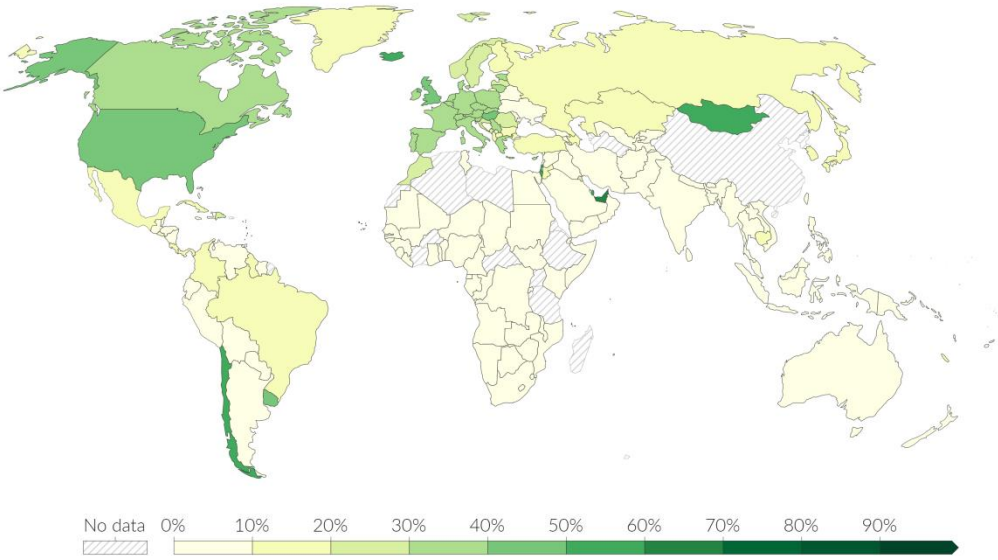

Figure 2 – Share of people who completed the initial Covid-19 vaccination protocol (fully vaccinated) by June 30th, 2021, Source: Official data collated by Our World in Data, ourworldindata.org/coronavirus

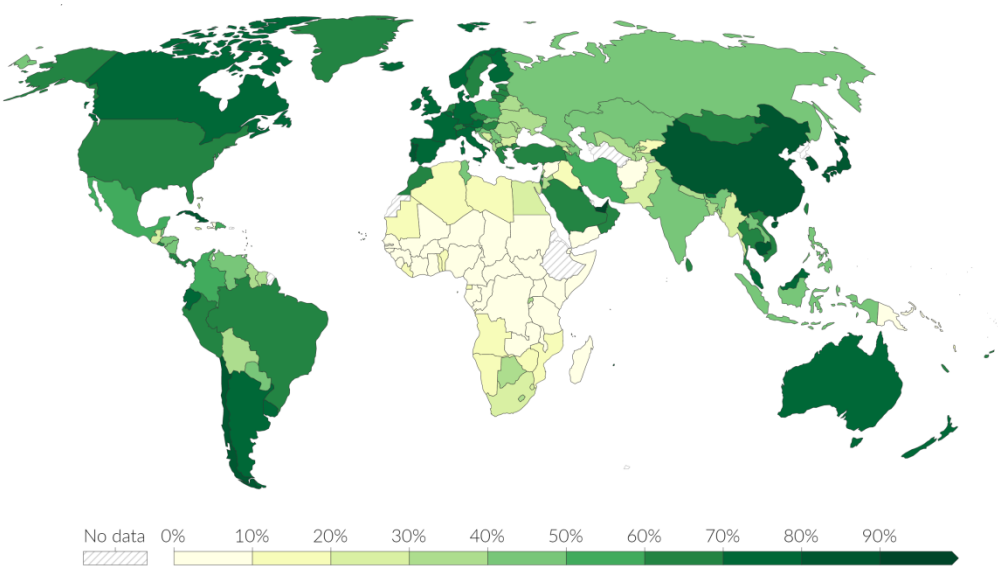

Figure 3 – Share of people who completed the initial Covid-19 vaccination protocol (fully vaccinated) by December 31st, 2021, Source: Official data collated by Our World in Data, ourworldindata.org/coronavirus

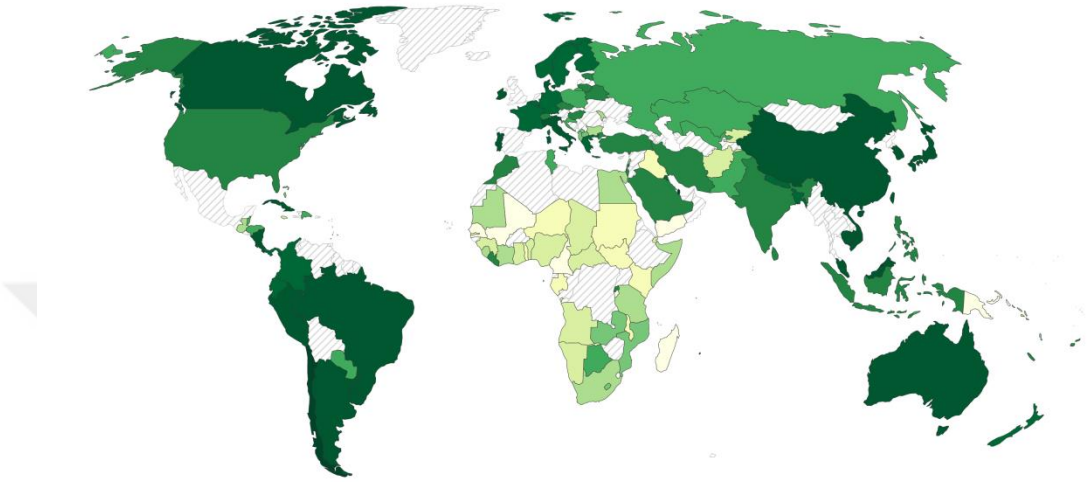

Figure 4 – Share of people who completed the initial Covid-19 vaccination protocol (fully vaccinated) by November 29th, 2022, Source: Official data collated by Our World in Data, ourworldindata.org/coronavirus

A number of relevant factors could be given to explain why the initiative could not reach its aims. First, COVAX lacked sufficient and readily available funding (Independent Panel, 2021: 41) and relied on outside financing. As a result, accessing vaccine doses were delayed. In addition, the initiative required initial financing to start its operations. Second, COVAX governance structure was comprised of public-private partnerships that had actively contributed to the financialization of global health, drifting apart from public good to private good (Stein, 2021: 2). Third, COVAX lacked enforcement mechanism and also allowed member countries to pursue independent agendas, which diminished the priority given to COVAX programs specifically by the high-income self-financing countries. Fourth, COVAX as the highest coordinating body in global health governance challenged the relevance of the UN, but most specifically the World Health Organization, undermining its constitutionally mandated responsibilities and authority. WHO is reduced to a partner of a many-sided super-PPP (Storeng, Puyvallée and Stein, 2021: 3).

The establishment of an initiative with the collaboration of PPPs rather than a system relying on the coordination and guidance of WHO undermines the role of WHO as the governing body in health. Furthermore, bringing together public and private actors inevitably requires a unity in understanding and aims. When an overarching body is lacking, the constituting parts have a tendency to pursue own goals in methods that fit their agendas. In the case of the COVAX initiative, WHO acts a consultant body on the certain aspects of the procurement and allocation of vaccines. It could be argued that WHO has willingly renounced its claims to being the governing authority in health related issues, delegating its role the super-PPP that is COVAX.

The governance structure has also been negatively impacted by the lack of a uniform guidance and coordination. The current structure is open to violations by member states and is inclined towards the interests of the high-income donors as well as the vaccine manufacturers. The thesis demonstrated that the weak governance structure created inequality and inequity in the distribution of Covid-19 vaccines to all peoples of the world. As the panel notes, "Covid-19 has been a pandemic of inequalities and inequities" (Independent Panel, 2021: 43). Vaccine nationalism as a prevalent factor in both H1N1 and Covid-19 pandemics has inflicted the most harm to the ambitious agenda of the ACT-A and COVAX initiative. The competition for vaccines in spite of the global good demonstrated once again that when national interests are at stake, the global governance instrument easily transforms into a symbolic presence. Despite the warnings of WHO and the rest of the international community that "no one is safe, until everyone is safe", states prioritized relative gains over the absolute gain of global health. With rising uncertainty and the perceived threat to existence, states acted blind to the neoinstitutionalist remedy that cooperation begets cooperation. In the case of Covid-19, the inability to achieve global immunity to the virus warns of the threat that the pandemic could transform into an unending chaos. It has been proven, in this specific case, that uncooperation could also beget further uncooperation. As Biden warned in his speech in 2021; "we know America will never be fully safe until the pandemic that's raging globally is under control" (Smith-Schoenwalder, 2021).

Even though WHO has mostly suffered during the course of the Covid-19 pandemic, it should be noted that it has also solidified its authority on a number of fronts. First, WHO proved relatively successful to pull data from member countries in tracking the metrics of the pandemic though it relied much on member country restrictions since the Organization lacks a proper enforcement mechanism. Second, WHO has performed relatively successfully in terms of sharing information. Third, the PCR test kits have set the standard in member countries for quick discovery of infectious cases (Kavanagh, Singh and Pillinger, 2021: 44).

The independent panel, which was born out of the aim to address the systemic problems in the failure to respond to the Covid-19 crisis, made a comprehensive analysis on the pandemic preparedness and studied the impact of the pandemic. The panel also highlighted problems and developed recommendations for the World Health Organization, the global forum, and the member countries. The panel emphasized the importance of WHO being in the center of the global health governance system. The panel argues that the Organization has been tasked with increasing number of responsibilities with insufficient funding. The Organization must be independent in order to accomplish its core roles: Coordinator of global health agendas and the convener of member states to achieve goals. The Organization should also focus on the strategic guidance and setting standards (Independent Panel, 2021: 48).

The analysis of the COVAX initiative and its structure as well as COVAX related vaccine management of WHO supports the hypothesis of this dissertation that the Covid-19 pandemic and the crisis management of vaccine development have had a negative impact on the World Health Organization's efficiency and authority. The participation as a partner in the ACT-A and its COVAX pillar diminished significantly the leading role of the Organization. Further failure to accomplish goals of rapid and equitable distribution of medicines, tools and vaccines to fight the pandemic threat set out at the foundation of the initiative have contributed to the weak perception of the global governance on health. The tendency of member countries to pursue independent

bilateral deals further demonstrates that the COVAX initiative of the WHO-led coalition is not a vital component of the international health system. As sub-Saharan Africa still performing below the desired levels in vaccine adoption, the WHO has to realign itself with the member states and adapt to the changing global system.

CONCLUSION

International organizations are integral elements of the international system today. However, these institutions have serious authority problems that must be studied thoroughly to revise our expectations of them and to determine feasible action plans to reform these institutions to adapt to the ever-changing global governance landscape. Authority in International Relations has implications both on the theoretical sphere and practice. Scholars of IR have outlined three different sources of authority; coercion, self-interest and authority; and out of which, the last is the most desired. As Weber put it, every authority seeks to justify its existence, and the perception that it indeed has the right to rule in the utmost objective of any authority. This is due to the benefits of authority and the costs adhered to other sources of authority. The neoinstutionalist scholars have identified authority, accordingly, as the goal of international organizations. Authority, however, is linked to the accountability, transparency and the efficiency of the organization in question; which WHO suffers from historically.

The World Health Organization is mandated by its Constitution with the coordinating and directing responsibilities in the global health governance. The assumed leadership role in public health matters is challenged in a number of ways. It is among the arguments of this thesis that the Constitution comprises of overlapping and excessive responsibilities that cripple the Organization. WHO does not have the financial and bureaucratic means to reach desired health-for-all outcomes. The mandatory financial contributions by member states comprise only a slight share of the overall funding WHO receives. The majority of funding is earmarked for specific policy areas since they are the voluntary contributions by donor member states and other non-state actors. These extra budgetary resources are kept outside budget considerations at the World Health Assembly meetings and determine WHO's health policies beyond WHO's control. WHO, therefore, lacks strategy and is by no means capable of governing global health as fully as the Constitution claims. Furthermore, the Constitution restricts WHO's role solely to its relations to member states. Other international institutions,

intergovernmental agencies, private companies and individuals are not in the domain of WHO. The ever-crowded global health governance landscape with the emergence of new initiatives and agents makes it difficult for WHO to lead the way.

The thesis cross-analyzes neoinstitutionalism and neorealism in order to understand the dynamics of the international system today. The neoinstitutionalist theory puts heavy emphasis on the strengthening of international organizations, since international cooperation and institutions work in the benefit of stability and order. The traps of anarchy are defined as the mistrust among actors and the reluctance to cooperate. The neoinstitutionalists further argue that the international system is not completely anarchic but has governing bodies effective in certain issue areas. The neorealist criticisms are introduced in order to provide challenging conceptions of international cooperation and understand how fragile the international organizations are. One important argument by the neorealists is that states will keep the balance of power as long as their positional strength is not questioned or undermined by doing so. States will also cooperate with others unless they are weakened by the other states or the other states gain relatively more by cooperating. In other words, states will cooperate unless the benefit of noncooperation is less rewarding. This distinction is the bottom-line in understanding how the Covid-19 pandemic impacted state attitudes towards multilateral forums. The US's America First approach reflects a "profound distrust of multilateral institutions". (Zhang, 2022: 803).

For an international organization's rules and norms to be obeyed, and its punishment for non-compliance to be feared, the organization must possess the legitimate right to its assumed authority and responsibilities. How WHO performed during the initial stages of the pandemic and at the later stages in its vaccine development and distribution management show that the Organization has serious drawbacks on its claim to authority and efficiency. The thesis argues that WHO has been negatively impacted by its pandemic management. Firstly, the Organization has not been accountable. The International Health Regulations gives the Director-General of WHO

the responsibility to declare global health emergency, surpassing the sovereignty of states for the common good. The Organization must also collect and report surveillance data and take control measures in case an outbreak is of a greater threat or if a state is not abiding by the procedures. However, WHO failed to declare emergency at the early stages of the outbreak, leading to the uncontrollable spread of the virus across borders and also to allegations that the WHO was aware of China withholding important information but remained silent nevertheless. Accountability of an international organization is tested if the organization fulfills its promises. WHO as the coordinating and directing agency failed to coordinate collective response to the pandemic, causing states to follow self-help policies. Furthermore, even though WHO successfully led the launch of ACT-A as a global collaboration to combat the effects of the pandemic, it failed to accomplish the COVAX initiative's goal of equal and equitable distribution of therapeutics, medicines and vaccines in the promised timeline and promised manner.

Secondly, it is argued in this thesis that the Organization lacked transparency in its processes. The IHR Emergency Committee was convened as early as January 20th to assess whether the Covid-19 outbreak was a public health emergency of international concern (PHEIC). However, the Committee failed to reach a conclusion due to insufficient scientific information, but also to prevent the economic and political costs of declaring a PHEIC (Good, 2021). Furthermore, the lack of trust at the initial stages dominated world politics as it led to two major powers name-calling and blaming each other for the pandemic. A different set of allegations surfaced as states pursued vaccine diplomacy as a means to showcase soft power to achieve greater influence in the global health forum. On the vaccine development and distribution front, the Organization and its allies Gavi and CEPI failed to prevent vaccine nationalism and the shady bilateral agreements that were conducted between member states and pharmaceutical corporations, endangering the lives and health of millions in the developing countries.

Lastly, the Organization demonstrated that current organizational limitations in the current trajectory deem the Organization ineffective in terms of managing a global

health crisis. WHO failed to provide collective action, organize its six regions for a more healthy and coordinated dissemination of information and proved that individual state action is more effective in battling with the pandemic. The rivalry in the WHO forums also led the Western states to pursue cooperation without the competing powers. In regards to its vaccine responsibilities, the COVAX initiative co-led by WHO had promised the distribution of 2 billion doses by the end of 2021, where 1.8 billion of these doses would be to low-income countries. By January 2022, it had only surpassed the 1 billion milestone (Reuters, 2022), lagging behind significantly.

In line with the hypothesis of this thesis, it could be argued that the crisis only escalated the pre-existing power struggle of international organizations within the international system. If authority is based on coercion, it runs the risk of resistance. If it is based on self-interest, interests may shift during crises and the organization may be deemed irrelevant. Thus, it could be further argued that the neoinstitutionalist assumptions are only relevant if the anarchic nature of the international system is reduced to mistrust. In times of crises, states face threats to their survival and become significantly more protective of their sovereignty. Any arrangement that reduces their sovereignty is perceived as hostile, and hence the nationalistic policies of states. States also regard these inter-state arrangements as instruments to pursue their respective policies. When the United States withdrew from WHO funding and emptied United Nations senior posts as retaliation, China increased its involvement in these institutions for the sake of increasing its influence and undermining the US dominance. The organizations, then, were no longer means to achieve the greater good, but were instruments to further manipulate in accordance with the interests of the states.

Vaccines as the most effective method to contain the pandemic played a big part in the Covid-19 pandemic and still do. The dissertation tested and proven the hypothesis that during the Covid-19 pandemic the vaccine rollout management demonstrated that the World Health Organization has been negatively impacted in terms of its efficiency as an international organization and its authority in the global health governance

ecosystem. The mistakes of the 2009 H1N1 pandemic were repeated; the low-income countries had slow and insufficient access to the vital vaccines, while the high- and upper-middle-income countries enjoyed vaccine doses well over population necessities. Vaccine nationalism and the subsequent vaccine diplomacy further weakened the international community and harmed the spirit of international cooperation. In addition, the PPPs that assumed responsibility at the forefront of vaccine development, allocation and distribution efforts reduced the involvement of the World Health Organization, the supposed coordinating body in global health related initiatives, to being a partner with limited responsibility. Furthermore, the problematic governance structure of the COVAX initiative paved the path for the further financialization of health and worked as a means to make the pharmaceutical corporations better off.

If international organizations cannot find valuable and efficient solutions to collective problems during crises, they will become less and less relevant. The international system may be characterized by increased efforts to reform international institutions and enhance their authority after the effects of the Covid-19 pandemic have faded completely. For international organizations to stay relevant for the international community, it is vital for these institutions to gather authority from their institutional strengths rather than relying on the goodwill of states and other international actors. World Health Organization, on the other hand, must become central to the global health system, and achieve greater levels of financial autonomy and independence in order to achieve its goal to serve as the global coordinating agency of health related matters for the betterment of the health of all populations.

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