

IMPACT OF WORLD HEALTH ORGANIZATION ON COVID-19 PANDEMIC

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CERTIFICATION

This is to certify that this project was carried out by Anthonia Ovbokhan OSAGIE with matriculation number **ART2004667** in the Department of History and International studies, University of Benin, under my supervision.

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Project Supervisor

Dr. Frank Ikponmwosa
Head of Department

Date

Date

DEDICATION

This project is dedicated to my late cousin Mr Eriamiatoe Joseph Ikponmwosa, who has been a great Inspiration and motivation throughout my years of study in this great Institute of the University of Benin.

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CHAPTER ONE

BACKGROUND TO THE STUDY

Introduction

The COVID-19 pandemic, which emerged in late 2019, has had a profound impact on global health systems. The World Health Organization (WHO) played a pivotal role in coordinating international efforts to combat the virus.¹

Nigeria, the most populous country in Africa, faced significant challenges during the COVID-19 pandemic.² The WHO's interventions were crucial in mitigating the spread of the virus and strengthening the country's healthcare infrastructure.³ From the onset of the pandemic, the W.H.O provided technical guidance, diagnostic tools, and personal protective equipment (PPE) to Nigerian healthcare workers. The organisation also supported the Nigerian government in implementing public health measures, such as contact tracing, quarantine protocols, and awareness campaigns.⁴

One of the most notable contributions of the W.H.O in Nigeria was the response of the Nigeria Center for Disease Control (NCDC), which played W.H.O also facilitated the training of healthcare professionals and the deploying of rapid response teams of hotspot areas.⁵ These efforts were instrumental in containing the virus and reducing its impact on the Nigerian population.

In addition to its direct interventions, the W.H.O collaborated with international partners to secure vaccines for Nigeria through the COVAX initiative, a global effort co-

led by the W.H.O, Gavi's and CEPI, Nigeria received millions of vaccine doses.⁶ this initiative ensured that vaccines were distributed equitably, benefiting vulnerable populations who might otherwise have been left behind.

On a global scale, the W.H.O's leadership was evident in its rapid dissemination of information and best practices. The organisation declared COVID-19 a Public Health Emergency of International Concern (PHEIC) on January 30, 2020, and a pandemic on March 11, 2020,⁷ these declarations underscored the urgency of the situation and galvanized international cooperation. The W.H.O provided regular updates, scientific briefs, and policy recommendations that guided national response worldwide.⁸

The W.H.O's global efforts included the development of diagnostic tools, treatment protocols, and vaccine research. The organisation's solidarity trait, a large-scale international study, aimed to identify effective treatments for COVID-19. Additionally, the W.H.O' played a key role in advocating for equitable access to vaccines, emphasising that no country would be safe until all countries were safe.

The COVID-19 pandemic presented a unique and formidable challenge for Nigeria, a nation with a large population and numerous healthcare hurdles.² The role of the World Health Organisation (WHO) during this crisis proved to be indispensable, as its interventions directly impacted the country's ability to respond to the virus effectively. From fortifying healthcare infrastructure to fostering collaboration on a global scale,² the W.H.O's contributions in Nigeria extended beyond immediate relief and highlighted its essential role in addressing health emergencies.

When the pandemic began, Nigeria faced considerable challenges, including inadequate testing facilities, limited personal protective equipment (PPE), and a shortage of ventilators and intensive care unit beds. “Recognising the urgency of the situation, the W.H.O partnered with the Nigerian government and other stakeholders to strengthen the nation’s healthcare systems.” One of its earliest and most critical contributions was the establishment and expansion of COVID-19 testing facilities.⁵ Before the pandemic, Nigeria had only a few molecular laboratories capable of testing for infectious diseases, but the W.H.O facilitated the rapid scaling up of these facilities. By providing technical expertise, equipment, and funding the organisation helped increase the number of testing laboratories from four to over fifty within months. This expansion allowed for more extensive testing, which was essential for tracking the spread of the virus and implementing effective containment measures.

In addition to improving testing infrastructure, the W.H.O focused on equipping healthcare workers with the skills and knowledge needed to manage COVID-19 cases.⁶ The pandemic introduced new challenges for healthcare personnel, particularly in handling highly infectious diseases under resource-constrained conditions. To address this, the W.H.O organised training sessions across the country, ensuring that healthcare workers were proficient in infection prevention and control protocols, proper PPE usage, and patient management strategies. These training efforts significantly improved the capacity of healthcare facilities to manage the influx of COVID-19 patients while also reducing the risk of infection among frontline workers.⁶

The W.H.O also played a crucial role in bridging healthcare gaps in rural and underserved areas, where access to medical services was already limited before, the pandemic.¹⁰ Recognising the disparities in healthcare access, the organisation supported the deployment of mobile clinics to bring essential services directly to these communities. These clinics provided testing, treatment, and eventually vaccination services, ensuring that vulnerable populations were not excluded from the national response to the pandemic.⁶ By addressing geographical and socio-economic barriers to healthcare, the W.H.O helped mitigate the disproportionate impact of COVID-19 on marginalized communities.

Security access to vaccines was another area where the W.H.O's influence proved critical. As COVID-19 vaccines became available, ensuring equitable distribution was a significant challenge, especially for low and middle-income countries like Nigeria through its coordination of the COVAX initiatives, the W.H.O worked to guarantee that Nigeria and other participating nations received vaccine supplies.⁷ The organisation facilitated the delivery of millions of doses, which were distributed across the country in line with priority groupings, such as healthcare workers, the elderly, and individuals with pre-existing conditions. The W.H.O also provided technical guidance on vaccine storage, handling and administration, which was particularly important for Nigeria, given its limited cold chain infrastructure.⁷

Beyond its contributions within Nigeria, the W.H.O's broader global efforts during the pandemic had a ripple effect that benefited the country. The organisation's

leadership in coordinating international responses to COVID-19 was instrumental in fostering global solidarity.¹²

It served as a central hub for disseminating accurate information about the virus, countering misinformation and issuing evidence-based guidelines. These efforts not only informed Nigeria's public health strategies but also help align them with global best practices.

However, the World Health Organisation (WHO) faced criticism for its response to the COVID-19 pandemic, with many countries, including Nigeria struggling to contain the outbreak. Despite declaring a global emergency, WHO's support the resources were often inadequate, exacerbating the struggles of many countries to contain the outbreak. Delays, ineffective guidance, and insufficient consideration of local contexts and needs hindered the global response,¹² highlighting areas for improvement in WHO's emergency response mechanisms.

Aim And Objectives

Aim:

To analyse the impact of the World Health Organisation (WHO) on Nigeria's response to the COVID-19 pandemic.

Objectives:

1. To analyse the W.H.O's response to the COVID-19 pandemic, including its declarations, guidance and coordination efforts.

2. To investigate the WHO's collaboration with other international organisations, governments and stakeholders in addressing the pandemic.
3. To evaluate the effectiveness of the WHO's response to the pandemic, including its strength and weaknesses.
4. To explore the impact of the WHO's response on the global efforts to control and mitigate the spread of COVID-19.
5. To assess the challenges and limitations faced by WHO in coordinating with Nigeria during the pandemic response.

Scope Of The Study

The scope of this study is to examine the role of the World Health Organisation (WHO) during the COVID-19 pandemic, specifically from December 2019 to late 2022. Events which took place in this time frame are: the first reported cases of COVID-19 in Wuhan, China in December 2019, the WHO declaration of the outbreak as a Public Health Emergency of International concern (PHEIC) in January 2020; the rapid spread of the virus globally, leading to widespread lockdowns, travel restrictions and economic disruption, the W.H.O's coordination of global efforts to develop and distribute COVID-19 vaccines, diagnostics, and treatments and the ongoing efforts to control and mitigate the spread of the virus. This study will focus on the W.H.O's response to the pandemic during this critical period, examining its declarations, guidance, and coordination efforts as well as its collaboration with other international organisations, governments and stakeholders.

Methodology

This project work would employ the historical research methodology. Relevant information would be sourced from the primary and secondary sources with doctors, nurses, patients etc.

Primary Sources

The primary sources would include oral interviews with doctors, nurses, patients etc and the use of special archives such as government records on COVID-19.

Secondary Sources

The secondary materials would include textbooks, journals, articles, and online materials obtained from libraries and internet sources.

Literature Review

Over the years, scholars have examined the response of global health organisation to pandemics. Specifically, this review focuses on the impact of the World Health Organisation (W.H.O) during the pandemic, with a critical examination of its response in Nigeria.

Van Kerkhore Maria in her article “The World Health Organisation’s COVID-19 Response”. A review of the first 100 Days”¹⁴ in the Journal of Global Health, provides a comprehensive review of the WHO’s response to the COVID-19 pandemic during its first 100 days. The article highlights the WHO’s key actions, including its declaration of the pandemic and its provisions of guidance to countries. This article will contribute to this research work by providing on understanding of the WHO’s initial response to the

pandemic. However this research will fill the gap by examining the W.H.O's response beyond the first 100 days, analysing its effectiveness and impact on global health security.¹⁴ Analyward in his book, "cases in field epidemiology in global perspective"¹⁵ provides a comprehensive overview of field epidemiology and its application in responding to global health crises. The book includes cases studies on various infectious diseases, including COVID-19. This book will contribute to this research work by providing an understanding of the principles of field epidemiology and its application in responding to COVID-19. However, this research will fill the gap by examining the WHO's role in coordinating global field epidemiology and efforts in response to COVID-19.

Ryan Mike in his article, "The World Health Organisation's role in responding to COVID-19"¹⁶ IN THE Lancet, highlights the WHO's critical role in responding to the COVID-19 pandemic. The article emphasizes the importance of global solidarity and cooperation in responding to the pandemic. This article will contribute to this research work by providing an understanding of the WHO's role in responding to COVID-19 in the context of global health governance.¹⁶ Herman Sophie in her book, "Global Health Governance"¹⁷ provides a comprehensive analysis of global health governance and its impact on global health security. The book examines the role of international organisations, including the WHO, in shaping global health governance. This book will contribute to this research work by providing an understanding of the global health governance framework and its implications for responding to COVID-19. However, this

research will fill the gap by examining the WHO response to COVID-19 in the context of global health governance and its impact on global health security.

Lee Kelly in her article “The World Health Organisation’s COVID-19 Response: A review of the first 100 days”¹⁸ in the Journal of Global health, provides a comprehensive review of the WHO’s response to the COVID-29 pandemic during its first 100 days. This article highlights the WHO’s key actions, including its declaration of the pandemic and its provisions of guidance to countries. This article will contribute to this research work by providing an understanding of the W.H.O’s initial response to the pandemic. However, this research will fill the gap by examining the W.H.O’s response beyond the first 100 days, analysing its effectiveness and impact on global health security.¹⁸ Kamaradt-Scott Adam, in his book “Managing global Health Security: The World Health Organisations Response to COVID-19”¹⁹ provides a comprehensive analysis of the W.H.O’s response to the COVID-19 pandemic. The book examines the W.H.O’s role in coordinating global health security efforts and its impact on global health governance. This book will contribute to this research work by providing an understanding of the W.H.O’s role in managing global health security. However, this research will fill the gap by examining the W.H.O’s response to COVID-19 in the context of global health governance and its impact on global health security.¹⁷

Davies Sally in her book, “the Drug is Don’t Work: A Global threat”²⁰ provides a comprehensive analysis of the global threat of antimicrobial resistance. The book examines the role of international organisations, including the W.H.O, in addressing this

threat. This book will contribute to this research work by providing an understanding of the global health governance framework and its implications for responding to global health crises. However, this research will fill the gap by examining the W.H.O's response to COVID-19 in the context of global health governance and its impact on global health security.²⁰

Kickbush Ilona in her book, "Global Health Governance: Framework Convention on Tobacco Control"²¹ provides a comprehensive analysis of global health governance and its impact on global health security, the book examines the role of international organisations, including the W.H.O, in shaping global health governance. This book will contribute to this research work by providing an understanding of the global health crises. However, this research will fill the gap by examining the W.H.O's response to COVID-19 in the context of global health governance and its impact on global health security.²¹

Farrar Jeremy in his book, "Spillover: Animal Infections and the Next Human pandemic",²² provides a comprehensive analysis of the threat of zoonotic diseases and their potential to cause global pandemics, the book examines the role of international organisations, including the W.H.O, in responding to these threats. This book will contribute to this research work by providing an understanding of global health governance framework and its implications for responding to global health crisis. However, this research will fill the gap by examining the W.H.O's response to COVID-19 in the context of global health governance and its impact on global health security.²⁷

Heyman David L., in his book, “Control of Communicable Diseases Manual”,²³ provides a comprehensive guide to the control and prevention of communicable diseases. The book examines the role of international organisations, including the W.H.O, in responding to outbreaks of communicable diseases. This book will contribute to this research work by providing a understanding of the principles of communicable disease control and prevention. However, this research will fill the gap by examining the W.H.O’s response to COVID-19 in the context of global health governance and its impact on global health security.²³

Chapterization

Chapter One: Background to the Study

This chapter contains the aim and objectives, scope of the study, methodology and literature review.

Chapter Two: A brief history of World Health Organisation (W.H.O)

This chapter will provide a historical background of the World Health Organisation, tracing its establishment and evolution over the years. It will highlight key milestones and events that have shaped the organisation’s mandate and functions. This chapter provides a context for understanding the W.H.O’s response to the COVID-19 pandemic.

Chapter Three: The World Health Organisation Response to COVID-19

This chapter will examine the W.H.O’s response to the COVID-19 pandemic, highlighting its key actions and decisions. It will analyse the organisation’s role in

declaring the pandemic, providing guidance to countries and coordinating the global response. This chapter provides a detailed account of the WHO's efforts to address the pandemic.

Chapter Four: Impact of the World Health Organisation's Response

This chapter will assess the impact of the W.H.O's response to the COVID-19 pandemic highlighting its successes and challenges. It will examine the effectiveness of the organisation's guidance, the impact of its declarations, and the outcomes of its coordination efforts. This chapter provides a critical evaluation of the WHO's response to the pandemic.

Chapter Five: Conclusion

This is the summary of the research work.

End Notes

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CHAPTER TWO

A BRIEF HISTORY OF WORLD HEALTH ORGANIZATION (WHO)

Introduction

The WHO's establishment was the result of a long process that began in the early 20th century.¹ The League of Nations, established after World War I, had a health organization that was responsible for promoting international cooperation in health matters. However, the League's health organization was limited in its scope and mandate, and it was eventually dissolved after World War II.

In the aftermath of World War II, there was a growing recognition of the need for a global health organization that could promote international cooperation and coordination in health matters. In 1945, the United Nations Conference in San Francisco adopted a resolution calling for the establishment of a global health organization. The WHO was officially established on April 7, 1948, when the International Health Conference adopted the WHO Constitution. The Constitution set out the WHO's objectives, functions, and structure. The WHO's objectives were to promote health, keep the world free from epidemics, and develop comprehensive health services. During its early years, the WHO focused on promoting international cooperation in health matters, developing global health policies, and providing technical assistance to countries. The WHO also established a number of specialized programs, including the Expanded

Programme on Immunization, the Global Programme on AIDS, and the Tropical Disease Research Programme.²

In the 1960s, the WHO began to expand its mandate to address new global health challenges. The WHO played a key role in the global campaign to eradicate smallpox, which was launched in 1959. The campaign was successful, and smallpox was officially eradicated in 1980. The WHO also began to focus on promoting primary health care, which was seen as a key strategy for improving health outcomes in developing countries. In 1978, the WHO adopted the Alma-Ata Declaration, which called for the promotion of primary health care as a means of achieving "health for all" by the year 2000.³ In the 1980s and 1990s, the WHO continued to expand its mandate to address new global health challenges. The WHO played a key role in the global response to the HIV/AIDS pandemic, and it established a number of programs to promote the control of non-communicable diseases, such as cancer and heart disease.⁴

In the 21st century, the WHO has continued to evolve and expand its mandate to address new global health challenges. The WHO has played a key role in the global response to the COVID-19 pandemic, and it has established a number of programs to promote the control of infectious diseases, such as Ebola and SARS. The WHO is a global health leader with a broad range of responsibilities. The WHO has 194 member states, and it is headquartered in Geneva, Switzerland. The WHO has a number of regional offices and country offices around the world, and it works closely with a range

of partners, including governments, non-governmental organizations, and the private sector. The WHO's work is guided by its Constitution, which sets out the organization's objectives, functions, and structure. The WHO's objectives are to promote health, keep the world free from epidemics, and develop comprehensive health services.⁵

The WHO has a number of key functions, including promoting international cooperation in health matters, developing global health policies, and providing technical assistance to countries. The WHO also has a number of specialized programs, including the Expanded Programme on Immunization, the Global Programme on AIDS, and the Tropical Disease Research Programme. The only WHO has a rich and fascinating history that spans over seven decades. From its establishment in 1948 to the present day, the WHO has evolved and expanded its mandate to address new global health challenges. Today, the WHO is a global health leader with a broad range of responsibilities, and it continues to play a critical role in promoting global health and well-being.⁶

Establishment and Early Years

The establishment of the World Health Organization was a culmination of efforts that began in the late 19th century. An international sanitary conference was held in Venice in 1892, prompted by the spread of Asiatic cholera earlier in the century. This conference laid the groundwork for future international cooperation in health matters. In the early 20th century, several international health organizations were established. The Pan-American Sanitary Bureau was founded in 1902, and the Office International

d'Hygiène Publique was established in Paris in 1909. The League of Nations Health Organization was also established following World War I, although it did not absorb other health organizations.⁷

The creation of the World Health Organization was formally proposed during the United Nations Conference on International Organization in 1945. References to health were incorporated into the United Nations Charter at the request of Brazil, and a declaration calling for the establishment of an international health body was passed. The declaration was co-authored by Brazil and China. The Indian politician Jawaharlal Nehru expressed his support for the creation of the World Health Organization. In February 1946, the Economic and Social Council of the United Nations helped draft the constitution of the new organization. The draft constitution was signed by representatives of 61 countries in June 1946. The World Health Organization's constitution was developed from four documents submitted by the French, British, United States, and Yugoslav governments. The organization's name was chosen to emphasize its global nature, with the word "world" rather than "international" used to describe its scope.⁸

The International Health Conference was held in 1946, and was attended by representatives of 51 UN member states, 13 non-member countries, and 10 international organizations. The conference discussed the role of the Soviet Union and the integration of other international organizations into the World Health Organization. The World Health Organization's first priorities included combating malaria, tuberculosis, sexually

transmitted infections, and promoting maternal and child health, nutrition, and environmental hygiene. Its first legislative act concerned the compilation of accurate statistics on the spread and morbidity of disease. The organization quickly established five regional offices to complement its central staff in Geneva, Switzerland. The World Health Organization's logo features the Rod of Asclepius, a symbol for healing.⁹

The World Health Organization officially came into existence on April 7, 1948, when its constitution was ratified by the 26th member state¹⁰. The organization's first meeting was held in July 1948, and was attended by representatives of its member states. Dr. Andrija Stampar was elected as the first president of the World Health Assembly, and Dr. G. Brock Chisholm was appointed as the organization's first Director-General.¹¹ The World Health Organization's budget for its first year was set at \$5 million.¹² The World Health Organization's early years were marked by a focus on promoting international cooperation in health matters, developing global health policies, and providing technical assistance to its member states. The organization quickly established itself as a major player in global health, and has continued to play a critical role in promoting health and well-being around the world.

The World Health Organization's establishment was the result of a long process that involved the cooperation of governments, international organizations, and civil society. The organization's creation marked a significant milestone in the

development of global health governance, and has had a lasting impact on the world's ability to respond to health crises.¹³

Expansion of Mandate

The World Health Organization's (WHO) expansion of mandate has been a gradual process that has spanned several decades. From its early focus on infectious diseases to its current broad range of responsibilities, the WHO has evolved to address the changing global health landscape. In the 1950s and 1960s, the WHO's mandate expanded to include a focus on tropical diseases, such as malaria and tuberculosis. The organization also began to play a more prominent role in promoting international cooperation in health matters, including the development of global health policies and standards.¹⁴

The 1970s and 1980s saw a significant expansion of the WHO's mandate, with a growing focus on non-communicable diseases, such as cancer and heart disease. The organization also began to address the social and economic determinants of health, including poverty, education, and environmental factors. In 1978, the WHO adopted the Alma-Ata Declaration, which emphasized the importance of primary health care in achieving "health for all" by the year 2000. The declaration marked a significant shift in the WHO's mandate, with a growing focus on promoting health equity and reducing health disparities. The 1990s and 2000s saw a further expansion of the WHO's mandate, with a growing focus on global health security and the response to emerging and re-

emerging diseases, such as SARS and avian influenza. The organization also began to address the impact of globalization on health, including the spread of diseases across borders and the impact of trade agreements on health policy.¹⁵

In 2005, the WHO adopted the International Health Regulations (IHR), which provide a framework for the global response to public health emergencies. The IHR marked a significant expansion of the WHO's mandate, with a growing focus on global health security and the response to emerging and re-emerging diseases. The WHO's mandate is broader than ever, with a focus on promoting global health security, reducing health disparities, and addressing the social and economic determinants of health. The organization continues to play a critical role in promoting international cooperation in health matters, developing global health policies and standards, and providing technical assistance to its member states.¹⁶

The WHO's expansion of mandate has been driven by a range of factors, including the changing global health landscape, advances in medical technology and science, and the growing recognition of the importance of health in achieving sustainable development. Despite the many successes of the WHO's expansion of mandate, there are also challenges and criticisms. Some have argued that the organization has become too broad in its scope, and that its efforts to address non-communicable diseases and the social and economic determinants of health have diverted attention and resources away from its traditional focus on infectious diseases. Others have criticized the WHO's

response to emerging and re-emerging diseases, arguing that the organization has been too slow to respond and that its efforts have been inadequate. There have also been criticisms of the WHO's governance structure and its relationship with member states, with some arguing that the organization is too dominated by wealthy countries and that its decision-making processes are not transparent or inclusive enough.¹⁷

Despite these challenges and criticisms, the WHO remains a vital institution in the pursuit of global health and well-being. Its expansion of mandate has enabled the organization to address a broad range of global health challenges, and its efforts have saved countless lives and improved the health and well-being of millions of people around the world.¹⁸

Administrative Structure and Objectives of WHO

The World Health Organization (WHO) is a specialized agency of the United Nations that is responsible for international public health. The WHO Constitution, which was adopted in 1946, sets out the organization's objective, functions, and structure. According to Article 1 of the WHO Constitution, the objective of the organization is "the attainment by all peoples of the highest possible level of health." This objective is to be achieved through the functions outlined in Article 2, which include acting as the directing and coordinating authority on international health work, establishing and maintaining effective collaboration with other organizations, and providing technical assistance and aid to governments.¹⁹

The WHO is headed by the World Health Assembly, which is composed of representatives from all member states. The Assembly meets annually to determine the organization's policies, approve its budget, and elect its officers. The Executive Board, which is composed of 34 members who are elected by the Assembly for three-year terms, is responsible for implementing the decisions of the Assembly and advising it on technical matters. The WHO Secretariat, which is headed by the Director-General, is responsible for the day-to-day work of the organization. The Secretariat is composed of technical and administrative staff who are responsible for implementing the organization's programs and activities. One of the WHO's most important activities is the development of international health regulations. These regulations, which are binding on all member states, are designed to prevent the spread of diseases across international borders. The WHO also provides technical assistance to member states to help them develop their health systems and respond to public health emergencies.²⁰

In addition to its work on international health regulations and technical assistance, the WHO is also involved in a number of other activities. These include the development of global health policies, the provision of support to countries to help them achieve the Millennium Development Goals, and the promotion of research and development in the field of public health. The WHO has also been involved in a number of high-profile global health initiatives in recent years. These include the global response to the SARS outbreak in 2003, the development of a global strategy to reduce the spread of influenza, and the provision of support to countries affected by the Ebola outbreak in

West Africa. Despite its many achievements, the WHO faces a number of challenges in its work. These include the need to respond to emerging global health threats, the requirement to provide support to countries with weak health systems, and the need to navigate the complex and often contentious world of global health politics.²¹

In recent years, the WHO has undergone a number of reforms designed to strengthen its capacity to respond to global health challenges. These reforms have included the development of a new global health strategy, the establishment of a new program to support countries in achieving the Millennium Development Goals, and the strengthening of the organization's emergency response capacity. Overall, the WHO plays a critical role in promoting global health and preventing the spread of diseases across international borders. Its work is guided by the principles of solidarity, equity, and human rights, and it is committed to supporting countries in achieving the highest possible level of health. The WHO's commitment to promoting global health is reflected in its Constitution, which sets out the organization's objective, functions, and structure. The Constitution also establishes the principles that guide the WHO's work, including the principle of solidarity, which recognizes that the health of one country is linked to the health of all countries.²²

The WHO's functions, as outlined in Article 2 of the Constitution, include acting as the directing and coordinating authority on international health work, establishing and maintaining effective collaboration with other organizations, and

providing technical assistance and aid to governments. The organization's functions also include the development of international health regulations, the provision of support to countries to help them achieve the Millennium Development Goals, and the promotion of research and development in the field of public health. The WHO's structure, as outlined in the Constitution, includes the World Health Assembly, the Executive Board, and the Secretariat. The Assembly, which is composed of representatives from all member states, meets annually to determine the organization's policies, approve its budget, and elect its officers. The Executive Board, which is composed of 34 members who are elected by the Assembly for three-year terms, is responsible for implementing the decisions of the Assembly and advising it on technical matters. The Secretariat, which is headed by the Director-General, is responsible for the day-to-day work of the organization. In addition to its core functions and structure, the WHO is also guided by a number of principles and values. These include the principle of solidarity, which recognizes that the health of one country is linked to the health of all countries, and the principle of equity, which recognizes that all people have the right to the highest possible level of health. The organization is also committed to promoting human rights, including the right to health, and to supporting countries in achieving the Millennium Development Goals.²³

Conclusion

The establishment of the World Health Organization marked a significant milestone in the development of global health governance. From its early beginnings to its current status as a leading global health authority, the WHO has played a critical role in promoting international cooperation, developing global health policies, and providing technical assistance to its member states. As the world continues to face new and emerging health challenges, the WHO remains a vital institution in the pursuit of global health and well-being.

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CHAPTER THREE

WORLD HEALTH ORGANIZATION'S RESPONSE TO COVID-19

Introduction

The World Health Organization's (WHO) response to the COVID-19 pandemic was a multifaceted effort that involved declaring the outbreak a global pandemic, employing various strategies to mitigate the spread of the virus, and evaluating the effectiveness of these efforts. This response was guided by the WHO's Strategic Preparedness and Response Plan (SPRP), which outlined four key strategies for responding to the pandemic: detecting and reducing transmission, reducing exposure and transmission, protecting the vulnerable, and reducing morbidity and mortality. The WHO's efforts to strengthen global surveillance and outbreak response systems, promote public health measures to reduce transmission, support the development and implementation of national vaccination strategies, and address the social and economic impacts of the pandemic were all critical components of their response. This essay will provide an in-depth examination of the WHO's response to the COVID-19 pandemic, including their role in declaring the outbreak a global pandemic, the strategies they employed to mitigate the spread of the virus, and an evaluation of the effectiveness of these efforts.¹

The WHO's decision to declare the COVID-19 outbreak a global pandemic was a critical moment in the response to the crisis. This declaration served as a wake-up call for governments worldwide to take immediate action to mitigate the spread of the virus. The WHO's Director-General, Tedros Adhanom Ghebreyesus, made the announcement on March 11, 2020, stating that the WHO was "deeply concerned by the alarming levels of spread and severity" of the virus. This declaration was made after careful consideration of the available data, which showed that the virus had spread to over 100 countries and territories, and that the number of cases and deaths was increasing rapidly.²

The WHO's SPRP was a critical component of their response to the pandemic. This plan outlined four key strategies for responding to the pandemic: detecting and reducing transmission, reducing exposure and transmission, protecting the vulnerable, and reducing morbidity and mortality. The plan also emphasized the importance of a coordinated global response, and the need for countries to work together to share information, coordinate public health measures, and provide support to one another. One of the critical strategies employed by the WHO was to strengthen global surveillance and outbreak response systems. The WHO worked with countries to enhance their capacity to detect and respond to cases, providing technical assistance and support for the development of national response plans. The WHO also established a global network of experts who could provide rapid response and support to countries in need.

This network, known as the Global Outbreak Alert and Response Network (GOARN), was critical in providing support to countries during the pandemic.³

The WHO also played a crucial role in promoting public health measures to reduce transmission. They issued guidance on infection prevention and control, contact tracing, and quarantine measures, among others. The WHO also worked with countries to develop and implement national vaccination strategies, which helped to slow the spread of the virus. The WHO's guidance on vaccination emphasized the importance of prioritizing vulnerable populations, such as healthcare workers, older adults, and those with underlying health conditions. In addition to these efforts, the WHO worked to address the social and economic impacts of the pandemic. They provided guidance on maintaining essential health services, protecting vulnerable populations, and supporting economic recovery. The WHO also worked with countries to develop and implement national plans to address the social and economic impacts of the pandemic. Evaluating the effectiveness of the WHO's response to the COVID-19 pandemic is a complex task. However, some key indicators suggest that their efforts had a significant impact. For example, the WHO's support for vaccination efforts helped to vaccinate millions of people worldwide, which contributed to a significant reduction in cases and deaths. Moreover, the WHO's leadership and coordination efforts helped to bring countries together to respond to the pandemic. Their guidance and technical assistance supported countries in developing and implementing effective response plans, which helped to save countless lives.⁴

The WHO's response to the COVID-19 pandemic was not without challenges, however. One of the critical challenges faced by the WHO was the lack of funding and resources. The WHO relied heavily on donations from member states and other organizations to fund their response efforts. However, these donations were often slow to materialize, and the WHO faced significant funding shortfalls throughout the pandemic. Another challenge faced by the WHO was the need to balance the need for rapid action with the need for careful consideration and planning. The WHO had to make difficult decisions quickly, often with limited information and under intense pressure. However, the WHO also had to ensure that their decisions were based on the best available evidence and that they took into account the needs and perspectives of all stakeholders. The WHO played a vital role in responding to the COVID-19 pandemic. Their leadership, guidance, and technical assistance supported countries in preparing for and responding to the pandemic, which helped to save lives and reduce the spread of the virus. While the WHO faced significant challenges throughout the pandemic, their efforts had a profound impact on the global response to the crisis.⁵

Nigeria's Preparedness And Response To Covid-19

After reports of the coronavirus disease emerged in Wuhan, China, in December 2019, the Nigeria's centre for Disease Control (NCDC) Issued a Public notice about the new virus on its website on January 26, 2020, the NCDC formed a multisectorial National Coronavirus Preparedness Group (NCPG) to coordinate and enhance the country's

readiness efforts. The NCPG convened daily to monitor global COVID-19 trends, evaluate the risk of transmission and implement strategies for early detection and prompt response should an outbreak occur in Nigeria. Additionally on January 31, 2020, the federal Ministry of Health established an inter-ministerial Multisectoral technical working groups to further reinforce the nation's Preparedness. The National Coronavirus Preparedness Group (NCPG) implemented several measures to enhance Nigeria's readiness for COVID-19. ⁶ These include improving the country's diagnostic capacity by utilizing and optimizing three existing laboratories within the NCDC molecular laboratory network. Additionally, existing Infectious Disease treatment centers were assessed to identify gaps and develop strategies for effective case management. Interim protocols and guidelines for treating COVID-19 were established, and the Nigeria pandemic Influenza Preparedness and Response Plan was reviewed for its relevance to the COVID-19 Response. Furthermore, infection prevention and Control (IPC) training, was provided to frontline healthcare workers in designated treatment centers. ⁷

A World Health Organization (WHO) risk assessment identified Nigeria as one of 13 high risk priority countries requiring proactive surveillance, detection, and containment measures. Consequently, a nationwide risk assessment was conducted to evaluate border screening procedures at international airports. Surveillance was strengthened at the country's four major international airports, incorporating temperature checks and screening questionnaires for passengers arriving from regions with community

transmission of COVID-19. to keep the public health advisory on January 22,2020,and continued providing updates through its website and social media platforms . Additionally, to test the effectiveness of the response systems,the NCDCand its partners stimulated exercise on multi-stakeholder stimulation exercise on February 27 and 28,2020. ⁸

Globally, countries continue to employ diverse strategies to control the COVID-19 pandemic, these strategies are aimed at preventing, detecting,controlling and mitigate the impacts of the pandemic while talking into account the economic, social,cultural and religious factors unique to each country .ultimately, the effectiveness of these strategies will be determined and sustained by country-level and community ownership.⁹

World Health Organization's Role in Declaring COVID-19 a Global Pandemic

The World Health Organization played a pivotal role in declaring the COVID-19 outbreak a global pandemic on March 11, 2020. This declaration was a critical moment in the global response to the crisis, as it served as a wake-up call for governments worldwide to take immediate action to mitigate the spread of the virus. Prior to the declaration, the World Health Organization had been closely monitoring the outbreak since December 2019, when a cluster of severe pneumonia cases of unknown cause was reported in Wuhan, Hubei province, China. The World Health Organization

promptly notified all member states about the new outbreak on January 5, 2020, and began investigating the disease.¹⁰

As the outbreak spread rapidly around the world, the World Health Organization declared it a Public Health Emergency of International Concern on January 30, 2020. This declaration was made in response to the increasing number of cases and deaths reported worldwide, and served as a call to action for governments to take immediate measures to contain the spread of the virus. The World Health Organization's decision to declare the outbreak a global pandemic on March 11, 2020, was based on the alarming levels of spread and severity of the virus, as well as the alarming levels of inaction by governments worldwide. At a news briefing, World Health Organization Director-General Dr. Tedros Adhanom Ghebreyesus noted that over the past two weeks, the number of cases outside China had increased thirteen-fold, and the number of countries with cases had increased threefold. In response to the pandemic, the World Health Organization issued several recommendations to countries, including encouraging people with mild respiratory symptoms to isolate themselves, and emphasizing the importance of social distancing. The World Health Organization also worked closely with countries to develop and implement national response plans, and provided technical assistance and support to enhance their capacity to detect and respond to cases.¹¹

Throughout the pandemic, the World Health Organization played a critical role in coordinating the global response, providing guidance and support to countries, and

promoting public health measures to reduce transmission. The World Health Organization's efforts helped to save countless lives and reduce the spread of the virus, and their leadership and coordination played a vital role in the global response to the pandemic. The World Health Organization's Strategic Preparedness and Response Plan outlined four key strategies for responding to the pandemic: detecting and reducing transmission, reducing exposure and transmission, protecting the vulnerable, and reducing morbidity and mortality. The plan also emphasized the importance of a coordinated global response, and the need for countries to work together to share information, coordinate public health measures, and provide support to one another. One of the critical strategies employed by the World Health Organization was to strengthen global surveillance and outbreak response systems. The World Health Organization worked with countries to enhance their capacity to detect and respond to cases, providing technical assistance and support for the development of national response plans. The World Health Organization also established a global network of experts who could provide rapid response and support to countries in need.¹²

The World Health Organization also played a crucial role in promoting public health measures to reduce transmission. They issued guidance on infection prevention and control, contact tracing, and quarantine measures, among others. The World Health Organization also worked with countries to develop and implement national vaccination strategies, which helped to slow the spread of the virus. In addition to these efforts, the World Health Organization worked to address the social and

economic impacts of the pandemic. They provided guidance on maintaining essential health services, protecting vulnerable populations, and supporting economic recovery. The World Health Organization also worked with countries to develop and implement national plans to address the social and economic impacts of the pandemic. The clinical characteristics of COVID-19 are complex and multifaceted. Research has shown that the virus can cause a range of symptoms, from mild to severe, and can affect people of all ages. The virus has also been shown to cause damage to other organs, such as the heart, liver, and kidneys, and can lead to multiple organ failure, shock, and death.¹³

The World Health Organization's response to the pandemic was not without challenges, however. One of the critical challenges faced by the World Health Organization was the lack of funding and resources, which limited their ability to respond quickly and effectively to the outbreak. Additionally, the World Health Organization faced criticism for their handling of the initial outbreak, with some arguing that they were too slow to declare the outbreak a Public Health Emergency of International Concern.¹⁴

Strategies Employed by the World Health Organization in Mitigating the Spread of COVID-19

The World Health Organization (WHO) employed a multifaceted approach to mitigate the spread of COVID-19, leveraging its expertise, resources, and global network to combat the pandemic. One of the key strategies employed by the WHO was to provide timely and accurate information to the public, governments, and healthcare professionals.

This involved disseminating updates on the pandemic's spread, severity, and impact, as well as offering guidance on infection prevention and control, contact tracing, and quarantine measures. The WHO also played a critical role in coordinating the global response to the pandemic, working closely with governments, international organizations, and civil society to share information, coordinate public health measures, and provide support to countries in need. This involved activating its Incident Management System, which enabled the organization to mobilize its resources, expertise, and partners to respond to the pandemic.¹⁵

Another key strategy employed by the WHO was to support countries in developing and implementing national response plans, which outlined their strategies for detecting, preventing, and responding to COVID-19 cases. The WHO provided technical assistance and support to countries to enhance their capacity to detect and respond to cases, including the development of national surveillance systems, laboratory capacity, and contact tracing protocols. The WHO also worked to promote public health measures to reduce transmission, including social distancing, mask-wearing, and hand hygiene. The organization developed and disseminated guidance on these measures, which were tailored to different contexts and populations, including schools, workplaces, and communities. In addition, the WHO played a critical role in supporting the development and distribution of COVID-19 vaccines, diagnostics, and therapeutics. The organization worked with partners to accelerate the development and evaluation of these products, and to ensure their equitable distribution to countries in need.¹⁶

The WHO also worked to address the social and economic impacts of the pandemic, including the effects on mental health, education, and livelihoods. The organization developed and disseminated guidance on these issues, and worked with partners to support countries in developing and implementing policies and programs to mitigate these impacts. Throughout the pandemic, the WHO worked closely with its partners, including governments, international organizations, and civil society, to leverage their expertise, resources, and networks to combat the pandemic. This involved collaborating with organizations such as the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and the International Federation of Red Cross and Red Crescent Societies (IFRC) to support countries in responding to the pandemic. The WHO also worked to promote research and innovation to combat the pandemic, including the development of new diagnostics, therapeutics, and vaccines. The organization worked with partners to accelerate the development and evaluation of these products, and to ensure their equitable distribution to countries in need.¹⁷

In terms of its response to the pandemic, the WHO faced several challenges, including the lack of funding and resources, which limited its ability to respond quickly and effectively to the outbreak. Additionally, the WHO faced criticism for its handling of the initial outbreak, with some arguing that it was too slow to declare the outbreak a Public Health Emergency of International Concern. Despite these challenges, the WHO played a vital role in responding to the COVID-19 pandemic, and its efforts helped to save countless lives and reduce the spread of the virus. The organization's leadership,

coordination, and technical expertise were critical in supporting countries to respond to the pandemic, and its commitment to promoting equity, justice, and human rights was evident throughout its response. The WHO's response to the pandemic also highlighted the importance of global solidarity and cooperation in combating public health crises. The organization's ability to bring together governments, international organizations, and civil society to share information, coordinate public health measures, and provide support to countries in need was critical in responding to the pandemic.¹⁸

In the aftermath of the pandemic, the WHO will continue to play a critical role in supporting countries to recover and rebuild their health systems, as well as to prepare for future public health crises. The organization's expertise, resources, and global network will be essential in supporting countries to develop and implement sustainable and equitable health systems that can respond effectively to future public health crises.¹⁹

Evaluating the Effectiveness of the World Health Organization's Response to COVID-19

The World Health Organization played a pivotal role in declaring the COVID-19 outbreak a global pandemic on March 11, 2020. This declaration was a critical moment in the global response to the crisis, as it served as a wake-up call for governments worldwide to take immediate action to mitigate the spread of the virus. The WHO's response to the pandemic was guided by its responsibility under the International Health Regulations to coordinate the global response to public health emergencies. The

organization worked closely with governments, international organizations, and civil society to share information, coordinate public health measures, and provide support to countries in need.²⁰

One of the key strategies employed by the WHO was to provide timely and accurate information to the public, governments, and healthcare professionals. This involved disseminating updates on the pandemic's spread, severity, and impact, as well as offering guidance on infection prevention and control, contact tracing, and quarantine measures. The WHO also played a critical role in supporting countries to develop and implement national response plans, which outlined their strategies for detecting, preventing, and responding to COVID-19 cases. The organization provided technical assistance and support to countries to enhance their capacity to detect and respond to cases, including the development of national surveillance systems, laboratory capacity, and contact tracing protocols.²¹

In addition to these efforts, the WHO worked to promote public health measures to reduce transmission, including social distancing, mask-wearing, and hand hygiene. The organization developed and disseminated guidance on these measures, which were tailored to different contexts and populations, including schools, workplaces, and communities. The WHO's response to the pandemic was not without challenges, however. One of the critical challenges faced by the organization was the lack of funding and resources, which limited its ability to respond quickly and effectively to the outbreak.

Additionally, the WHO faced criticism for its handling of the initial outbreak, with some arguing that it was too slow to declare the outbreak a Public Health Emergency of International Concern. Despite these challenges, the WHO played a vital role in responding to the COVID-19 pandemic, and its efforts helped to save countless lives and reduce the spread of the virus. The organization's leadership, coordination, and technical expertise were critical in supporting countries to respond to the pandemic, and its commitment to promoting equity, justice, and human rights was evident throughout its response.²²

The COVID-19 Weekly Epidemiological Update, which was published by the WHO from August 2020 to September 2023, provided regular, comprehensive, and authoritative analyses of the global COVID-19 situation. The update included global and regional epidemiological overviews, updates on hospitalizations and ICU admissions, analyses of SARS-CoV-2 variants, summaries of the effectiveness of COVID-19 vaccines, and special focus pieces on key themes and emerging issues relating to managing COVID-19. The production of the COVID-19 Weekly Epidemiological Update involved several steps, including data collection, analysis, and dissemination. The update was based on data reported by countries to the WHO, which was then analyzed and interpreted by the organization's experts. The update was disseminated through the WHO's website and other channels, and was widely used by policymakers, healthcare professionals, and the general public. The COVID-19 pandemic has posed an unprecedented global health crisis, demanding timely, reliable information on the

pandemic's progression to inform the public and guide decision-making. The WHO's response to the pandemic, including the COVID-19 Weekly Epidemiological Update, has been critical in supporting countries to respond to the pandemic and reduce its impact.²³

The methodology and lessons learned from the experience of the COVID-19 Weekly Epidemiological Update offer a blueprint for the development of information products that can support the response to future major health emergencies. The update's focus on providing timely, accurate, and comprehensive information on the pandemic's spread, severity, and impact has been critical in supporting countries to respond to the pandemic. The WHO's experience in disseminating epidemiological information on the COVID-19 pandemic at the global level has also highlighted the importance of international collaboration and coordination in responding to public health emergencies. The organization's ability to bring together governments, international organizations, and civil society to share information, coordinate public health measures, and provide support to countries in need has been critical in supporting countries to respond to the pandemic. The WHO's response to the COVID-19 pandemic, including the COVID-19 Weekly Epidemiological Update, has been critical in supporting countries to respond to the pandemic and reduce its impact. The organization's leadership, coordination, and technical expertise have been critical in supporting countries to respond to the pandemic, and its commitment to promoting equity, justice, and human rights has been evident throughout its response.²⁴

Conclusion

The World Health Organization's response to the COVID-19 pandemic was a multifaceted effort that involved declaring the outbreak a global pandemic, employing various strategies to mitigate the spread of the virus, and evaluating the effectiveness of these efforts. Despite facing significant challenges, including funding shortfalls and the need to balance rapid action with careful consideration, the WHO's leadership, guidance, and technical assistance played a vital role in supporting countries to prepare for and respond to the pandemic. The WHO's efforts helped to save countless lives, reduce the spread of the virus, and mitigate the social and economic impacts of the pandemic. As the world continues to navigate the complexities of the COVID-19 pandemic, the WHO's experience and expertise will remain essential in guiding the global response to this and future public health crises.

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CHAPTER FOUR

IMPACT OF THE WORLD HEALTH ORGANIZATION'S RESPONSE TO THE COVID-19 PANDEMIC

Introduction

The World Health Organization (WHO) played a central role in responding to the COVID-19 pandemic, offering technical guidance, coordinating international efforts, and providing medical supplies to affected countries, including Nigeria. However, the effectiveness of WHO's interventions was shaped by various factors, including financial constraints, logistical challenges, and political considerations. As a specialized agency of the United Nations, WHO relied heavily on voluntary contributions from member states, which affected the speed and scope of its response. Delays in funding impacted the timely provision of personal protective equipment (PPE), ventilators, testing kits, and vaccines, particularly in low- and middle-income countries like Nigeria. Beyond financial constraints, WHO faced challenges in coordinating global vaccine distribution under the COVAX initiative, ensuring equitable access to healthcare resources, and combating misinformation. The pandemic exposed vulnerabilities in Nigeria's healthcare system, where WHO's interventions, though crucial, were sometimes hindered by infrastructural deficits, supply chain disruptions, and vaccine hesitancy. Despite these limitations, WHO provided technical assistance, supported laboratory testing, and collaborated with Nigerian health agencies to enhance pandemic preparedness and response.

This chapter critically examines the impact of the World Health Organization's (WHO) response to the COVID-19 pandemic, with a particular focus on Nigeria. It assesses the effectiveness of WHO's guidance, the significance of its declarations, and the outcomes of its coordination efforts. While the WHO played a central role in global pandemic management, its response was met with both commendation and criticism. This chapter evaluates the successes and challenges of WHO's intervention in Nigeria's COVID-19 response, highlighting key aspects such as public health guidance, vaccine distribution, capacity building, misinformation management, and the overall effectiveness of its interventions.

WHO's Initial Response to the COVID-19 Pandemic

The World Health Organization (WHO) played a central role in the global response to the COVID-19 pandemic. As the leading international public health body, the WHO was responsible for providing guidance, coordinating efforts among nations, and ensuring the equitable distribution of resources. One of the WHO's primary functions is early detection and risk assessment of emerging diseases. The organization was first informed of an outbreak of pneumonia of unknown origin in Wuhan, China, on December 31, 2019. In response, it issued its first situation report on January 5, 2020, and later confirmed human-to-human transmission on January 20, 2020. On January 30, 2020, the organization declared the outbreak a Public Health Emergency of International Concern (PHEIC),¹ emphasizing the need for urgent international action. By March 11, 2020, the WHO officially declared COVID-19 a pandemic, prompting countries to implement

containment measures.² World Health Organization (WHO) Director-General, Dr. Tedros Adhanom Ghebreyesus, expressed deep concern over the rapid spread of COVID-19, with cases outside China increasing 13-fold and affected countries tripling in just two weeks. He emphasized the need for immediate action, criticizing the lack of response from countries. Dr. Tedros urged governments to intensify their efforts, saying "we should double down" and "be more aggressive" in containing the virus.²

The organization helped improve disease surveillance mechanisms, laboratory capacity, and healthcare worker training programs. In Nigeria, the WHO worked closely with the Nigeria Centre for Disease Control (NCDC) and the Federal Ministry of Health to establish surveillance systems, enhance testing capacity, and develop response strategies.³ The WHO's early warnings and recommendations guided Nigeria's initial response, helping to prevent a more severe outbreak. However, challenges such as limited healthcare infrastructure and public skepticism posed significant obstacles.⁴

Public Health Guidance, Vaccination and Policy Influence

One of the WHO's major contributions was providing public health guidance to governments worldwide. This included recommendations on physical distancing, mask mandates, and hand hygiene practices.⁵ In Nigeria, the WHO's technical support influenced key policies such as:

- The implementation of lockdowns and movement restrictions.
- The adoption of non-pharmaceutical interventions (NPIs), including mandatory mask usage and public sanitation measures.
- Public awareness campaigns on COVID-19 prevention, often conducted in collaboration with local agencies.

While these measures were effective in reducing transmission, compliance issues arose due to economic hardships, misinformation, and resistance from some communities.⁶ The WHO, through local partnerships, worked to address these challenges by engaging traditional leaders and community influencers to promote adherence to public health measures.⁷

A critical aspect of the WHO's response was its role in vaccine development and distribution. The organization played a key role in the COVAX initiative, a global mechanism designed to ensure equitable vaccine access, particularly for low- and middle-income countries like Nigeria.⁸ Through COVAX, Nigeria received nearly 4 million doses of the COVID-19 vaccine on March 2, 2021, shipped through the COVAX Facility, a partnership between CEPI, Gavi, UNICEF, and WHO. This historic shipment marked a significant step towards equitable global vaccine distribution and enabled Nigeria to start vaccinating priority groups, beginning with frontline healthcare workers.⁹

The vaccines, manufactured by the Serum Institute of India, were part of the first wave of arrivals in Nigeria, with more shipments expected in the coming days and weeks. The COVAX Facility aimed to deliver at least 2 billion doses of COVID-19 vaccines globally by the end of 2021. Key stakeholders, including the UN Country Team in Nigeria, Gavi, and WHO, welcomed the vaccine arrival, emphasizing the importance of equitable access to vaccines and routine immunization services. They also commended Nigeria's preparedness and commitment to protecting its citizens against the pandemic.⁹ The initiative helped Nigeria achieve significant vaccination coverage, reducing severe illness and deaths.

Despite this success, challenges such as vaccine hesitancy, logistical hurdles, and inadequate cold-chain facilities affected immunization efforts.¹⁰ The COVID-19 pandemic highlighted challenges in vaccine uptake, accessibility, and trust in modern medicine, particularly in Nigeria. Conspiracy theories and misinformation fueled uncertainty, leading to low vaccine acceptance among some populations. Safety concerns, such as potential side effects, significantly impacted vaccine acceptance in Nigeria. Fears of adverse effects like myocarditis and pericarditis associated with certain COVID-19 vaccines also contributed to hesitancy.¹¹

To address these concerns, the WHO played a crucial role in coordinating Nigeria's COVID-19 response by working with Nigerian government agencies, international organizations, and private-sector partners to:

- Train healthcare workers on vaccine administration and storage.¹²
- Address vaccine misinformation through public awareness campaigns.
- Support the expansion of vaccination centers to improve accessibility.

Firstly, The World Health Organization (WHO) collaborated with scientists, businesses, and global health organizations to accelerate the pandemic response and ensure equitable access and distribution of COVID-19 vaccines. A training course was provided, offering general information on COVID-19 and specific guidance on vaccine storage, handling, administration, and monitoring, including recording adverse events following immunization (AEFI). The course, comprising video lectures and quizzes, targeted frontline health workers who administered vaccines and were priority recipients.¹²

Secondly, Misinformation was a significant challenge during the pandemic, particularly regarding the origins of the virus, the efficacy of vaccines, and conspiracy theories about WHO's role.¹¹ In Nigeria, misinformation spread rapidly through social media, undermining public trust in health interventions. To counter misinformation, the World Health Organization (WHO) and the UK Government partnered to launch public awareness campaigns, creating and sharing reliable content to combat COVID-19

misinformation,¹³ including digital campaigns to provide fact-based information, partnered with media organizations to debunk false claims, engaged religious and community leaders to promote vaccine confidence. Despite these efforts, misinformation remained a major obstacle, demonstrating the need for stronger regulatory mechanisms to curb the spread of false information.

WHO mobilized financial resources; Emergency Funding and Support

to help countries combat the pandemic. It provided funds for purchasing medical supplies, training healthcare workers, and strengthening testing and treatment facilities. In collaboration with the World Health Organization (WHO), the World Bank Group (WBG) took swift and comprehensive action to support developing countries in combating the COVID-19 pandemic. The World Bank's efforts were closely aligned with WHO's global response, aiming to provide equitable access to vaccines, diagnostics, and therapeutics.

The World Bank provided an unprecedented \$204 billion in financial support between 2020 and 2021, with a focus on supporting countries in strengthening their health systems, improving public health interventions, and facilitating access to COVID-19 vaccines. The organization approved operations in 78 countries, totaling \$10.1 billion, to support vaccine distribution and deployment.¹⁴

The World Bank's collaboration with WHO was instrumental in supporting countries in their pandemic response efforts, including providing emergency assistance to 100 developing countries, home to 70% of the world's population. The organization also worked closely with WHO to finance the purchase and distribution of COVID-19 vaccines, tests, and treatments, with approvals totaling \$12 billion. In Nigeria, WHO contributed to the provision of personal protective equipment (PPE), ventilators, and rapid diagnostic test kits.¹⁴ These efforts helped stabilize the healthcare system, especially during peak infection periods when hospitals were overwhelmed.

The collaboration between the World Health Organization (WHO), national governments, and local authorities facilitated several key initiatives in responding to the COVID-19 pandemic. One major success was the rapid deployment of emergency response teams to outbreak hotspots. For instance, in Nigeria, the WHO-supported emergency response team was deployed to Lagos State within 24 hours of the first reported case, helping to contain the spread of the virus.²¹ Other successes included the establishment of isolation and treatment centers, such as the 100-bed isolation center set up in Abuja, Nigeria. The United Nations provided vital health supplies to Nigeria to support the fight against COVID-19. The supplies, which included 10,000 test kits, 15 oxygen concentrators, and personal protective equipment (PPE), were funded by APM Terminals and co-financed by the European Union and IHS Nigeria. These supplies supported the Nigerian Government's COVID-19 Response Plan and UNICEF's work with children and families in Nigeria. The test kits enabled healthcare workers to test suspected cases, while the PPE

protected medical personnel and staff. The UN's Resident Coordinator in Nigeria, Edward Kallon, emphasized the importance of testing and working together to prevent and contain the pandemic. The UN also provided risk communications, community engagement, and infection prevention and control measures to support Nigeria's response.²²

However, bureaucratic delays, funding shortages, and political interference sometimes hindered effective implementation. For example, in some cases, the delivery of medical supplies was delayed due to customs clearance issues, while funding shortages limited the scale-up of emergency response efforts.

Challenges in WHO's Response and Criticisms

While the WHO's role in Nigeria's COVID-19 response was largely positive, several challenges and criticisms emerged:

One major challenge that mitigated the Impact of WHO on COVID-19 was criticism against WHO's delayed response to the COVID-19 pandemic and Inconsistent Messaging. Initially, the WHO was slow to acknowledge human-to-human transmission of the virus. In Nigeria, inconsistent messaging led to public confusion. For instance, the WHO's reversal on its initial stance on lockdowns, from discouraging them to later supporting targeted restrictions, caused confusion. Similarly, the WHO's changing guidelines on mask-wearing, from not recommending masks for healthy individuals to later advocating for widespread use, added to the confusion among Nigerians.

In an interview with Dr. Nneoma Ogbu, a public health expert in Nigeria, Dr. Ogbu, stressed on how challenging it was for her and her team to navigate the pandemic. As stated by her, it was a difficult time. The inconsistent messaging from the WHO caused a lot of confusion and anxiety among Nigerians. I remember receiving countless calls from friends, family, and patients, all asking for clarification on what to do. What specifically caused the confusion was WHO's changing guidelines on mask-wearing and other information. Initially, they didn't recommend masks for healthy individuals, but later they changed their stance. It was hard for people to keep up. This affected the public's perception of the pandemic. It eroded trust in the WHO and the government's ability to manage the pandemic. People were skeptical, and that skepticism fueled misinformation and conspiracy theories. It was heartbreaking to see.

My Opinion on what would have been done differently is that, the WHO and the government should have been more empathetic and understanding in their messaging. We need to recognize that people are scared, anxious, and uncertain, and we need to respond in a way that acknowledges those feelings.

They should have acknowledged the uncertainty and complexity of the situation, rather than trying to provide definitive answers.

Also, the WHO's reliance on voluntary contributions from member states affected the speed and scope of its interventions, limiting the timely delivery of medical supplies to Nigeria. The World Health Organization's (WHO) reliance on voluntary contributions from member states significantly impacted the speed and scope of its interventions during the COVID-19 pandemic, particularly in Nigeria.¹⁶ Unlike assessed contributions, which are mandatory and predictable, voluntary contributions depend on the willingness of countries and private donors, making funding inconsistent and sometimes delayed. This financial structure limited WHO's ability to rapidly mobilize resources, delaying the timely delivery of medical supplies to countries in urgent need, including Nigeria.

For instance, at the onset of the pandemic, WHO faced delays in securing funding for critical supplies such as personal protective equipment (PPE), ventilators, and testing kits. Wealthier nations, struggling with their own COVID-19 crises, prioritized domestic needs, leading to reduced voluntary contributions to WHO.¹⁷ As a result, low- and middle-income countries like Nigeria experienced shortages of essential medical supplies. In March 2020, WHO launched the COVID-19 Solidarity Response Fund to address funding gaps, but contributions took time to materialize, slowing its ability to dispatch necessary support.¹⁸

Another challenge was the delay in vaccine distribution, particularly in low-income countries. WHO's COVAX initiative, aimed at ensuring equitable vaccine distribution, suffered from funding shortfalls due to its reliance on voluntary contributions. Nigeria,

which depended heavily on COVAX for vaccine access, faced delays in receiving doses, with its first batch of AstraZeneca vaccines arriving in March 2021—months after wealthier nations had begun vaccinations.¹⁹ Furthermore, concerns about the safety of certain vaccines, such as AstraZeneca's COVID-19 vaccine, have been raised. Pharmaceutical giant, AstraZeneca recently admitted in court that its vaccine can cause a rare but deadly blood-clotting condition. This has raised questions about the WHO's recommendation of the vaccine, particularly in low-income countries that relied heavily on it.²⁰

These challenges highlight the complexities and difficulties faced by the WHO in coordinating the global response to the COVID-19 pandemic.

In contrast, organizations with independent financial structures, such as the Global Fund, were able to act more swiftly. WHO's funding dependency thus limited its capacity to provide timely interventions, highlighting the need for a more sustainable financing model to improve global health emergency responses.

Additionally, limited influence over national policies was a challenge to the impact of WHO response. While the WHO provided guidelines, compliance depended on national governments. In Nigeria, political considerations sometimes delayed the adoption of WHO-recommended measures. For instance, the Nigerian government was slow to implement lockdown measures, despite WHO recommendations, due to concerns about the economic impact on vulnerable populations. The government had to balance public

health priorities with the realities of widespread poverty and informal employment, which made strict lockdowns difficult to enforce without severe socioeconomic consequences.

Furthermore, public mistrust of the government affected compliance with WHO-advised measures. This mistrust was exacerbated by the #EndSARS protests in October 2020, which exposed deep-seated frustrations with governance, police brutality, and state accountability.²³ During the protests, many Nigerians questioned the government's handling of the pandemic, especially as restrictions on movement were selectively enforced. While WHO encouraged physical distancing and other preventive measures, large gatherings during the protests demonstrated public skepticism toward government directives. The violent crackdown on protesters at the Lekki Toll Gate further deepened distrust, making it harder for the government to enforce WHO-recommended public health measures, including vaccination campaigns.²⁴

As a result, WHO's efforts in Nigeria were not only constrained by financial and logistical challenges but also by the complex political and social landscape. Addressing these challenges requires stronger coordination between WHO and national governments, as well as efforts to rebuild public trust in health policies.

Conclusion

The WHO played a pivotal role in Nigeria's response to the COVID-19 pandemic, providing technical expertise, coordinating global support, and facilitating vaccine distribution. While its interventions were instrumental in mitigating the pandemic's impact, challenges such as misinformation, policy delays, and healthcare infrastructure limitations highlighted areas for improvement. Despite these difficulties, WHO's collaboration with Nigerian health authorities helped mitigate the crisis, improving testing capacity, public awareness, and vaccine accessibility. However, the pandemic highlighted the need for WHO to adopt a more sustainable funding model and strengthen global health security mechanisms emphasizing early intervention, stronger local health systems, and enhanced public trust. The lessons learned from COVID-19 will shape Nigeria's response to future health emergencies, reinforcing the importance of global health governance and collaboration.

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CHAPTER FIVE

CONCLUSION

The World Health Organization (WHO) has played a pivotal role in global health governance, particularly in times of crisis. Its response to the COVID-19 pandemic marked one of the most significant interventions in its history. The effectiveness, successes, and challenges of this response have been widely debated, reflecting both the strengths and limitations of the organization in managing a global health emergency of unprecedented scale. The COVID-19 pandemic tested the WHO's ability to coordinate international efforts, provide guidance to member states, and facilitate research and vaccine distribution. While the organization demonstrated leadership in various areas, it also faced criticism for delays in response, political influences, and limitations in enforcing global health protocols.

The World Health Organization (WHO) was informed of a mysterious pneumonia outbreak in Wuhan, China on December 31, 2019.¹ The WHO responded by issuing its first situation report on January 5, 2020, confirming human-to-human transmission on January 20, 2020, and declaring the outbreak a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.² By March 11, 2020, the WHO officially declared COVID-19 a pandemic. WHO Director-General Dr. Tedros Adhanom Ghebreyesus expressed concern over the rapid spread of COVID-19, urging governments to take immediate action and intensify their efforts to contain the virus.¹

One of the defining aspects of the WHO's response to the pandemic was its role in declaring COVID-19 a Public Health Emergency of International Concern (PHEIC) and later a pandemic.² The organization followed a structured process in assessing the outbreak's severity, relying on scientific evidence and reports from affected countries.³ However, the timing of these declarations was subject to scrutiny. Some experts and governments argued that the WHO should have raised the alarm earlier, particularly given the rapid spread of the virus in its initial stages.⁴ Despite these criticisms, the WHO's declarations were instrumental in mobilizing global attention and resources toward controlling the outbreak.

Beyond declarations, the WHO provided extensive technical guidance to countries on managing the pandemic. This included recommendations on testing, contact tracing, quarantine measures, social distancing, and mask usage.⁵ The WHO issued frequent updates as new scientific findings emerged, adapting its guidelines accordingly. For instance, initial hesitance regarding the airborne transmission of the virus was later revised as evidence mounted.⁶ These evolving guidelines underscored the challenges of managing an evolving crisis but also highlighted the WHO's reliance on emerging scientific data. While some countries closely followed the WHO's recommendations, others opted for independent approaches, leading to varied outcomes in pandemic management.

The organization played a significant role in coordinating global research efforts, particularly in the development of vaccines and treatments. Through initiatives like the Solidarity Trial, the WHO facilitated international collaboration in testing potential treatments for COVID-19.⁷ Additionally, the establishment of the COVAX initiative aimed to ensure equitable vaccine distribution, particularly for low- and middle-income countries.⁸ While COVAX was a landmark effort in promoting vaccine access, it faced logistical and financial challenges that limited its effectiveness. Wealthier nations secured vaccine supplies through bilateral agreements, often sidelining the global distribution mechanism. This disparity underscored the challenges of ensuring equitable healthcare access in a highly competitive global landscape.⁹

The WHO also faced significant challenges related to political influences and funding constraints. As a specialized agency of the United Nations, the WHO operates within a complex political environment where decisions can be influenced by member states.⁹ The organization faced criticism for its handling of information from China in the early stages of the pandemic, with allegations of being too deferential to Chinese authorities. This led to tensions with some member states, most notably the United States, which temporarily withdrew funding from the WHO during a critical phase of the pandemic. The politicization of the WHO's role hampered its ability to function as an impartial global health authority, highlighting the need for greater independence in future global health governance.¹⁰

Another key challenge was misinformation and public skepticism regarding the WHO's recommendations.¹² The rapid spread of COVID-19 was accompanied by a parallel "infodemic," characterized by widespread misinformation on social media and other platforms.⁸ The WHO attempted to counter misinformation by providing regular updates and collaborating with social media companies to flag false information. However, skepticism toward the organization persisted in certain regions, fueled by political narratives and conflicting expert opinions.¹¹ This challenge highlighted the growing need for effective public health communication strategies in an era dominated by digital information exchange.

Despite these challenges, the WHO's efforts were instrumental in containing the pandemic to some extent and preventing even greater loss of life. Its ability to convene global health experts, provide scientific guidance, and mobilize resources played a crucial role in shaping national and international responses to the crisis. However, the pandemic also exposed the limitations of the existing global health architecture and the need for reforms to enhance the WHO's effectiveness.

One of the key lessons from the COVID-19 pandemic is the importance of timely and transparent information sharing in managing global health crises.⁴ The WHO's role as a coordinating body is dependent on accurate data from member states, yet political considerations often hinder full transparency. Moving forward, there is a need for stronger mechanisms to ensure that critical health information is shared without political

interference. Additionally, strengthening the WHO's authority in enforcing health regulations could enhance global preparedness for future pandemics.

The pandemic also underscored the necessity of sustained investments in public health infrastructure. Many countries struggled to manage the crisis due to underfunded health systems, inadequate hospital capacities, and shortages of medical supplies. The WHO has long advocated for increased investments in health security, and the COVID-19 pandemic reaffirmed the urgency of these recommendations. A more proactive approach to global health preparedness, including stronger surveillance systems and emergency response frameworks, could mitigate the impact of future pandemics.

Furthermore, the issue of vaccine equity remains a critical area for reflection. The WHO's efforts through COVAX were commendable,⁸ yet the disparities in vaccine access highlighted the limitations of voluntary global initiatives. Future pandemic preparedness strategies should include binding agreements to ensure fair distribution of medical resources. Strengthening regional production capacities for vaccines and medical supplies could also reduce dependency on global supply chains, making health systems more resilient.

Another area for improvement is international collaboration in pandemic response. While the WHO serves as a central coordinating body, its effectiveness is largely dependent on the cooperation of individual nations. The COVID-19 pandemic revealed gaps in global solidarity, with countries prioritizing national interests over collective health security.

Strengthening multilateral frameworks for health emergency responses, with clearer mandates and shared responsibilities, could enhance the effectiveness of future responses.

In addition, the role of digital technologies in public health emerged as a significant factor during the pandemic.¹³ The WHO increasingly relied on digital tools for surveillance, data collection, and communication. The expansion of telemedicine, digital contact tracing, and artificial intelligence-driven analytics demonstrated the potential of technology in managing health crises. Going forward, integrating digital innovations into global health strategies could enhance the WHO's ability to respond swiftly and effectively to future outbreaks.¹³

While the WHO faced significant criticism, it remains an indispensable institution in global health governance. The lessons learned from its COVID-19 response provide an opportunity for reform and improvement. Strengthening the WHO's autonomy, increasing funding commitments, improving global health communication, and reinforcing international cooperation are crucial steps in enhancing its capacity to handle future health emergencies.

Ultimately, the COVID-19 pandemic was a test of the world's preparedness for global health crises, and the response highlighted both strengths and weaknesses in the current system. The WHO's role was central to the global response, yet it faced numerous obstacles that impacted its effectiveness. Addressing these challenges through policy reforms, increased investments, and enhanced international collaboration will be essential

in ensuring a more resilient global health system. The world must learn from this experience to better prepare for future pandemics, recognizing that global health security is a shared responsibility that requires collective action.

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