



Global Governance in the Postpandemic Period: The World Health Organization and the Future of International Organizations

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Global Governance in the Postpandemic Period: The World Health Organization and the Future of International Organizations¹

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Abstract

The COVID-19 disease, which first emerged in China in December 2019, has caused severe weaknesses in the global governance processes, especially in the functioning of the world health system, as well as in politics, security, and economic fields. The health crisis has turned into a stress test for the governments in internal politics, and international institutions in international politics. However, The World Health Organization (WHO), the main authority of the global health regime for the fight against the COVID-19 threat, which is supposed to be a source of hope for the international community, now has rather become the focal point of the power struggle and political debates among the great Powers in pandemic time. On the other hand, the UN, its specialized agencies, EU, NATO, and other regional international organizations, which are expected to take the initiative on COVID-19, have been ineffective in the management of the COVID-19 pandemic because the “big powers” failed to undertake the leadership role. Because of global governance weaknesses and failures, many states such as Turkey fought against pandemic by depending on their own resources and by developing their national measures and methods. As a result, many observers agree that the liberal international order established after 1945 has been seriously wounded in the COVID-19 process and that international institutions will face a deep legitimacy crisis. As far Turkey, it has proved its capacity by providing health security to its own people while also demonstrating its strong political will to cooperate internationally by sending vital support to the needy nations in the time of crises.

Keywords

Global Governance Crisis, COVID-19 Pandemic, The World Health Organization

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Introduction

The global pandemic caused by the emergency of a new type of coronavirus, which started in December 2019 in Wuhan (China) and spread rapidly all over the world, has infected to nearly eleven million people in the period until the end of June 2020 and has cost the lives of around 500 thousand people. Many governments, including Turkey, China, the USA, and European countries, had to take extraordinary measures to protect their citizens against the disease. The mortality scale of the pandemic and the media influenced the process. Air and land transportation has been stopped, schools have been closed, curfews have been implemented almost all over the world. Due to these measures, serious disruptions occurred in global production, trade, and supply chains. Education, trade, and management processes within and between countries have been digitized faster than ever. Despite the development of modern technology and globalization rhetoric that speeds up human and social life more than ever and unites its common destiny, the most prominent feature of the COVID-19 era was “*the lack of solidarity and cooperation*” among the states in the international stage. Despite the catastrophic pandemic conditions, international organizations such as the United Nations (UN) and the European Union (EU) have not developed any serious initiatives in the process of the fight against the disease. These organizations have been unsuccessful in critical issues such as economic support, coordination of humanitarian aid, and medicine supply.

The World Health Organization (WHO), which is a UN’s affiliated organization, should (i) lead the processes concerning the health of humanity on a global level, (ii) provide cooperation and solidarity in the fight against COVID-19 between the major states, especially the USA and China. But in reality, it has become the tool of political conflicts and reckoning. *In particular, US President Trump criticized the WHO administration for not informing the world community about the infectious disease in a timely and correct manner, accusing the WHO of becoming*

an organization serving the interests of China. Trump officially sent a letter to the WHO headquarters in Geneva on May 15, 2020, saying that he suspended the membership of the USA and that he would not pay the membership fees of 500 million dollars to this organization (npr.org, 15.5.2020). Undoubtedly, this decision to withdraw from WHO membership is a behaviour consistent with a populist and nationalist foreign policy that excludes the US from multilateral diplomacy after the Trump administration has come to power. But this isolationist approach of the US administration and the nationalist policies that EU countries demonstrate in the fight against COVID-19, create very serious concerns about global governance and the future of international institutions. This period when the “new normal” conditions of the world order after COVID-19 debated, is described by some experts as “*the moment of radical uncertainty*” in the international order (Blackwill and Wright, 2020). Indeed, COVID-19 created perhaps the biggest transformative pressure on the domestic politics of the countries and the functioning of the current international relations system after the Second World War. The main reason for the pandemic’s deepening of uncertainty is that the liberal international order, which the US pioneered to establish after the Second World War, started to weaken after the 2008 global financial crisis and the US lost its leadership role in the face of rising China and other emerging power centers (Acharya & Buzan, 2019). In such a historical conjuncture, pandemic plays a catalyst role in accelerating the restructuring process of the geopolitical balances in the world.

The purpose of this article is to discuss how the “new normal” conditions of the international order was been emerging by analysing the functioning of the global governance system in the COVID-19 process and by overviewing the global economic-political trends. The global governance system and the dynamics of transformation will be summarized theoretically. The structure of the World Health Organization and its performance to manage the COVID-19 process will be evaluated. Finally, some evaluation will be discussed regarding Turkey’s possible roles in the future.

Global Governance Crisis

Global governance can be defined as the co-ordinated functioning of actors, regimes, rules, and mechanisms that play a role in the functioning of the international system including states, international organizations, non-governmental organizations, and other components of the international society. Although this governance process may seem complicated due to the intertwined actors and the whole set of rules, it is a dynamic decision-making process (Karns & Mingst, 2010: 4; Heywood, 2011: 538-542; Griffiths and O’Challaghan, 2002: 125).

The main umbrella organization of the current international governance system is defined as the UN. The UN carries out global governance and

cooperation functions through the IMF, the World Health Organization, IBRD, World Trade Organization, and many other specialized organizations. In particular, the UN Security Council can have an impact on states through binding decisions on issues concerning global peace and common security. However, global governance should not be perceived as the united global government that rules the whole world (Brown & Ainley, 2007: 108). The UN encourages states to establish sound relations with each other and other organizations voluntarily in the international system, in coordination with international and transnational organizations at the regional level in many areas.

The best approach to global governance should be attempting to understand it rather than to define it. Because a uniform definition is too complex to reach. The sum of the principles, norms, rules, decision-making, and problem-solving mechanisms that regulate a particular issue area in international relations and the cooperation of actors working in the relevant field are called “international regimes” (Krasner, 1983). Although not always formed around a specific international organization, there are usually some organizations that form international regimes. We can presume that at least there is a founding international contract that reflects the interests of the actors involved. On the global level, “cooperation regimes” can be mentioned in certain areas that regulate and manage issues such as human rights, environmental issues, migration flows and the limitation of nuclear weapons, and finally the prevention of epidemics that threaten the international community (Karns & Mingst, 2010: 11-12).

However, it should be noted that no matter how much importance is attached to international organizations and international regimes in the globalized international relations system, the main determinants of the functioning of international politics are still states. *The main motivation that guides states' behaviour is their national interests. Therefore, the capacities and successes of the UN and other international organizations to effectively respond to political, economic, and humanitarian crises are often insufficient. The main reason for this, as the realists emphasize, is that international organizations cannot act independently of the interests of the great powers that established those structures.* When political consensus is provided among the big states on global and regional matters and crisis situations, international organizations can take decisions and apply much faster and more effectively. But international organizations become dysfunctional when interests of big powers diverge (Akgün, 2020a).

There is a WHO-led “global health regime” that envisages global cooperation in the field of combating dangerous diseases and international public health protection. Essentially, as a “soft collaboration space” that unites all actors, the history of international regulations on health security is very old and goes well before the UN and even the League of Nations. However, it is a fact that all the leading states are unable to act in cooperation and harmony in critical situations excluding for rare exceptional periods. For this reason, as seen in the

COVID-19 process, regional and global influential international bodies such as the WHO, World Trade Organization, and the European Union display weaknesses and they are at the center of legitimate criticism.

The process of questioning and debating over the principles of “internationalism” or “institutionalization” of the current liberal order, which intensified after the 2008 crisis, is getting stronger due to the recent global health crisis. Because in this process, the states had to rely on their own capacity and resources (“self-help”) in problem-solving. The crises of global governance, after the COVID-19 pandemic, caused the confidence loss by nation-states on international cooperation and solidarity, and the process forced nation-states to close inward. It is frequently emphasized that this situation will have very different permanent effects after the crisis and that nothing will be the same in the post-pandemic era (Fukuyama, 2020).

To understand the impact of the COVID-19 pandemic on the international system, it is enough to consider radical measures contrary to the spirit of the liberal international system, such as closing the borders even by the strong states, restricting and prohibiting passenger traffic, and increasing export controls. Besides, due to the pandemic, the efforts of many countries to subsidize their economic system with financial assistance packages, to disclose the business support and consumer recovery programs were the clearest indication that something was not working properly for the liberal international system. More importantly, the attitudes of the USA and China, which are in mutual competition regarding the functioning of the current liberal international system, have been the most important factor in the ineffectiveness of strong global cooperation mechanisms such as the G-7 and G-20, especially the UN and WHO. International organizations, especially the UN bodies, which are the basic elements of global governance in the liberal international order, have deeply failed to respond adequately to the COVID-19 global pandemic. This clearly indicates a “global governance crisis” situation (Patrick, 2020; Akgün, 2020a: 20).

UN, which was the main actor of the international system especially after 1945, has not taken any serious steps in the pandemic process. UN Secretary-General Guterres made a statement regarding the cessation of conflicts in different parts of the world during the COVID-19 pandemic process on March 23, 2020. The UN General Assembly called for members states to cooperate against the pandemic in two sessions held in April 2020. The first session of the UN General Assembly about the COVID-19 was held on April 2, 2020, only 3 months after China officially announced the epidemic to the international community.

UN General Assembly called for all stakeholders of the UN system to have coordinated fight with the social, economic, and financial effects of the COVID-19 pandemic under the auspices of the UN Secretary-General (A/RES/74/270). It followed by a second decision taken on 20 April 2020 in the fight against the COVID-19 pandemic when UN recommended co-operation

to ensure global access to vaccines, medicines, and medical equipment (A/RES/74/274). As the resolutions of the UN General Assembly were advisory, they did not have much impact on member states. However, these resolutions to call for solidarity served a face-saving voice for the UN.

The UN Security Council was also ineffective in the fight against COVID-19. China, which started to chair the UNSC in March 2020, prevented decision-making on pandemics by claiming that “public health issues were outside the Council’s geopolitical agenda” (Patrick, 2020: 44). However, UNSC’s evaluation of the Ebola pandemic in Africa in 2014 as an event that threatens international peace and security (S/RES /2177) shows that UNSC could bring pandemics to its agenda if needed. However, in the period between December 2019 to March 2020, during the period when China was not acting as the President of the Council, the UNSC was ineffective, too.

Since there is no leading international organization or state that plays a “global leadership” role in the fight against the pandemic, other regional organizations have also been ineffective. In this context, the European Union (EU), which became the most important initiative in the field of international peace, trade, and cooperation after 1945 turning into a transnational structure over time, was also ineffective during the pandemic period. It even caused a serious crisis of sincerity and trust among the member countries. During the period when COVID-19 was particularly acute in Spain and Italy, other EU member states closed their borders with these countries, practically suspended the Schengen Agreements, which triggered serious discussions on the spirit of “European Solidarity” and “Pan-Europe” ideals. On the other hand, NATO, which also includes many EU countries as a member, has not made any serious attempts to cooperate in the COVID-19 pandemic. The fact that member countries such as Italy and Spain had to depend on the assistance from countries such as Russia and China, had cast a shadow on NATO’s credibility among the member states regarding the legitimacy of NATO.

Global Health Governance Regime: WHO and Common Regulations

In conventional realist approach, the traditional content of the concept of security, which was interpreted and defined as state-centric, changed in the 1980s and started to be evaluated with different parameters such as environment, climate, natural resources, crime, terrorism, xenophobia, instability, migration, and poverty. After the Cold War, health has also been more intensively included in government safety assessments due to increasing global epidemics such as HIV/AIDS, Ebola, bird flu (H5N1), swine flu (H1N1), and SARS. Because of the epidemic and pandemic cases of various diseases, the risk of spreading throughout the world can have serious effects on public health, political, economic, social, and security fields. Even in standard textbooks on international security, “health safety” has now been dealt with as an independent subtitle (Smith, 2010).

However, the determination of health as a common security issue for the states and taking global measures dates to the 19th century. It was a period of globalization when the 19th century states started to establish commissions within the framework of common goals and needs, and the first international regimes began to be established. The Rhine and Danube River Commissions (1831/1856), which organized joint transportation in transboundary waters, the International Telegraphic Association (1865) and the International Postal Union (1874) to create order and coordination in communication, and the International Railway Transport Association (1874) to organize a cross-border transport were initial examples. The International Weighing and Measurement Bureau (1875) and many other international organizations were established in the 19th century in line with the efforts to standardize the trade operations that began to spread worldwide.

In the same period, one of the issues that brought the states together and sent them to search for solutions against common threats was the issue of health. The first International Health Conference convened in Paris, led by France, on 23 July 1851, to develop common methods of struggle against the cholera epidemic that began to spread among European states and affect international trade (WHO, 1958: 3). Other participants of the international conference (the Ottoman Empire named it as “Bab-i Ali/Turkey” in the official documents) were Austria, France, Greece, the Vatican, Portugal, Russia, Sardinia, Sicily, Spain, Tuscany and Great Britain (WHO, 1958: 4). With this conference, medical research has started in the context of a common fight against cholera, and states have taken concrete steps for cooperation in the field of health safety.

WHO is the last step of attempts to establish cooperation mechanisms in the field of health security starting from the 19th century. 11 international conferences on health quarantine arrangements, which began in 1851 and lasted for sixty years, resulted in the signing of the International Health Convention in 1903 (Patrick, 2020: 42). International Public Hygiene (Hygiene/Public Health in Paris in 1909) office was established in 1909 in Paris, and for the first time, information on epidemics began to be collected in one united center (WHO, 1958: 15). This structure started to function with the League of Nations Health Committee, which was established in Geneva in 1923 and formed the legal and practical basis of WHO.

Following the establishment of the UN, the Constitution of the WHO was signed as a result of the International Health Conference held in New York on 19-22 June 1946 and entered into force on 7 April 1948. Thus, WHO started its activities as the biggest expert institution of the UN in terms of budget and members. The headquarters of the 194-member organization is in Geneva, with six regional committees and offices in over 150 countries worldwide, with over seven thousand employees. In the founding agreement, the aim of the Organization is defined as bringing humanity to the highest possible level in the field of health. To achieve this goal, the following tasks have been defined: coordinating and managing international organizations in the field of health,

ensuring cooperation between states and international institutions; providing support to governments on their demands in health care; encouraging and supporting work on the elimination of epidemic and pandemic diseases; establishing international norms related to health (WHO Constitution, art. 2). In this context, WHO combats regional and global scale diseases such as AIDS, ebola, malaria, tuberculosis, smallpox, syphilis. It provides research support, shares information, and provides medical equipment and treatment support.

While fulfilling these objectives, the WHO has prepared important Regulations, especially in the fight against epidemic diseases. With the International Hygiene Regulations of 1951 and the International Health Regulations of 1969, WHO tried to identify global-scale epidemics and to determine the roles of the Organization and governments in combating epidemic diseases. In the International Hygiene Regulation of 1951, the diseases such as plague, cholera, yellow fever, smallpox, epidemic typhus of lice origin were classified global epidemics (WHO, 1952).

In the International Health Regulations (IHR) only plague, cholera, and yellow fever were mentioned (WHO, 1983). Treatment studies supported by WHO were also very effective. After a partial review in 1973 and 1981, a ten-year comprehensive review of IHR (1969) started in 1995, due to the rise in international trade and passenger transport, the threat of epidemics that erupted in the Democratic Republic of the Congo. With the SARS (severe acute respiratory syndrome) epidemic that started in 2002 in China and spread worldwide, the review process has accelerated and was accepted by the WHO Assembly on May 23, 2005 and came into force in 2007. Thus, the IHR (2005) became the main operational document of WHO. With IHR (2005), WHO's Global Vaccine and Immune Alliance (GVIA), Global Health Safety Agenda, and World Bank's Pandemic Emergency Financing created the strong infrastructure for global health protection (Samancı, 2014).

The IHR (2005) has significant differences from the 1951 International Hygiene Regulation and the IHR (1969). The outbreaks were mentioned in the Regulations of 1951 and 1969, therefore WHO's field of activity and authority was limited. In the current IHR (2005), member states are obliged to report immediately upon the emergence of "public health emergency of international significance" (IHR 2005, art. 6 and 7). Thus, all kinds of unusual events threatening international public health were defined in a wide range, and the states were obliged to report immediately.

Also, in IHR (2005), participating states should establish a National Focal Point to implement health measures under the Regulation and to provide the necessary contact with WHO (art. 4); to develop the capacity to identify, evaluate, and report (i.e. initiate a surveillance and monitoring process (art. 5). Also, it was stated that they should inform WHO within 24 hours of the events and information that will cause "public health emergency of international importance" (PHEIC).

Unlike the Regulations dated 1951 and 1969, the existing IHR brought new rights and obligations to WHO. First of all, the WHO is not only satisfied with the official information of the state affected by the epidemic but also has the authority to obtain information from non-state sources directly (art. 9 and 10). WHO has the authority to detect and declare “public health emergency of international importance” through its General Director and the announcement of this situation is not left to the states only (art. 12). Thus, with the IHR (2005), WHO has become the top legitimate authority with the legal capacity to coordinate the fight against international infectious outbreaks.

The Future of the World Health Organization

When compared with the previous regulations of WHO, it is seen that the new regulations introduced by the new IHR (2005) will cause some discussions within the framework of international law and state sovereignty in the context of the relations between the states and the Organization. In this regard, regulations such as WHO’s ability to make partially binding decisions on the states, making the states responsible for the outbreaks occurring within its borders with notification to the Organization, and the announcement of “public health emergency with international significance” by WHO instead of the government of that state, shows that some “supranational” powers are granted to WHO. The fact that the states granted such powers to WHO in 2005 “overrunning” their sovereignty was only possible with the effect of the “liberal spirit” (“cosmopolitan moment”) in the international system, which peaked in the early 2000s. Before the states could decide on the actions to be carried out within their boundaries due to their sovereign rights. But after the new IHR (2005) they powered WHO to decide sanctions in the field of health to member states.

However, it should be noted that the assessment to consider WHO as an organization with strong transnational status after IHR (2005) could be misleading. Because it was openly stated in article 22 of the WHO Constitution adopted by the World Health Assembly that the regulations are binding for all WHO member countries, except for those who “refuse and report their reservations to the General Director within a certain period”. Looking at this article, WHO has the right to make binding decisions on states, but an open door has been left to member states. It is understood that states have the option not to comply with any regulations already adopted by the World Health Assembly.

However, the liberal environment or the soul (“cosmopolitan moment”), which had an impact on the international system in the early 2000s, started to weaken very quickly after the 2008 crisis. The global competitive environment led by the USA and China caused the international system to begin to take on a realist framework again. This process triggered the crisis and debates during the COVID-19 pandemic within the framework of “Triangle of WHO, USA, and China”.

WHO's performance has been criticized in the fight against the COVID-19 virus. WHO initially failed to perceive the COVID-19 threat correctly, had to content itself with the information provided by China about the virus, and was late with reasonable and correct information to the international community. In turn, it quickly shared the information obtained from China "behind the schedule" with scientists on a global scale and tried to coordinate research on the diagnosis of the virus, the detection of its genetic structure, the development of the vaccine against the virus, and the treatment methods.

When the process is reviewed, it is seen that the WHO has learned the COVID-19 virus on the same date with the international community when China made a statement on December 31, 2019. WHO first took a "skeptical and cautious" attitude due to the lack of prior knowledge by China. On January 20-21, 2020, the WHO sent a fact-finding delegation to China. WHO identified that COVID-19 was also passed from human to human unlike previous statements by the Chinese authorities, it had declared "Public Health Emergency of International Concern" (PHEIC) on January 30. WHO described COVID-19 as a pandemic or a global scale epidemic on March 11th, about two months after the first case outside China was seen in Thailand on January 13th. WHO was harshly criticized in the fight against the COVID-19 pandemic since it delayed in the intervention for an extremely cautious approach and China's non-transparent behaviour sharing limited or speculative information. US President Trump has declared the withdrawal from membership by writing an official letter to WHO to protest this situation and possibly to draw public attention from the problems in the country during the COVID-19 struggle process.

To understand the criticisms of WHO during the COVID-19 pandemic process, it is necessary to briefly touch upon the organizational structure of the Organization. According to the WHO Constitution (art. 9-37), the organization has three principal bodies. The first is the World Health Assembly, which is the decision-making body of the Organization that determines the organization's policies, accepts the contracts, treaties, regulations, and recommendations in the field of health, and supervises the financial policy of the Organization. The Assembly is composed of delegates representing each member state. The second is the Executive Board, which is the executive authority of the Organization, consisting of 34 technical staff members selected for three-year periods, considering the geographical distribution, implementing the decisions taken within the framework of the policies determined by the Assembly. The third main body is the Secretariat, which represents the organization in all international platforms and carries out coordination activities. The General Director is at the head of the Secretariat. Also, XI Section of the WHO Constitution, the regional organization of the WHO through regional committees and offices is also envisaged, apart from the essential organs.

Within the framework of this administrative structure, WHO has 194 members today and continues its activities with more than 150 offices spread over six

main regions with around 7 thousand personnel (who.int, 2019)., each member state has the right to “single and equal” voting. A two-thirds majority of the members attend the session on important matters in the Assembly, and most of the members attend the session on other matters. This institutional structure is criticized by states such as the USA that contribute to the WHO budget more than other member states. The budget contributions do not have any impact on voting in the Assembly, which is the main decision-making body of WHO. Some members do not have a more advantageous or privileged status than other members. In this case, the USA, which accounts for 15% of the WHO budget alone, cannot have the privileged status (like the US’s special status in the IMF or the UN Security Council) in WHO. Considering the responses of the states towards not only the USA but the overall activities of WHO’s activities until today, it can be said that while the least developed countries are highly encouraging and supportive, relatively strong states do not want a strong WHO (Kickbusch, 2020).

However, although each member state has one and equal voting rights on a legal basis, the participation shares in the budget can make some states and NGOs more effective in WHO. Because the budget of WHO, which is an international organization, consists of voluntary donations of international NGOs and some IGOs, apart from state dues and aids. For example, the organization’s two-year budget for the 2020-21 period is \$ 4.8 billion. In the 2018-19 budget, the USA has a share of 14.67%, Bill & Melinda Gates Foundation 9.76%, GAVI Insurance 8.39%, UK 7.79%, Germany 5.68%, World Bank 3.42%, European Commission 3%, 3, China 0.21%, and Turkey 0.08%. In the total, 75% of the budget of the organization consists of voluntary donations of states, IGOs , and NGOs, and the rest consists of member state fees and project-based financing. On average, 40% of the organizational budget consists of private foundations and other international institutions, most of which use US-origin capital, 35% are donations and dues by the USA, UK, Germany, Japan, Canada, Norway, and the rest by other member states and IGOs (open.who.int, 2020).

Indeed, the USA, the countries that have close political relations with the USA, and the US foundations have a great financial impact on WHO. For this reason, in a statement he made in April 2020, US President Trump criticized WHO for implementing policies under the guidance of China and decided to freeze US financial aid for WHO for 2-3 months. However, Bill Gates, president of the Bill & Melinda Gates Foundation, the second biggest supporter of the WHO budget, criticized Trump for the decision made during this difficult time of humanity.

As a result, WHO member states and financial supporters approaching WHO with different policies may cause weaknesses in WHO’s functioning. Developing countries demand a balanced WHO because they prefer not to restrict their commercial activities for health reasons. Less developed countries demand strong WHO due to healthcare assistance. NGOs, on the other hand, show an attitude towards a relatively independent WHO. States and organizations with the

largest share in the WHO budget, especially the USA, the UK, Germany, Japan, and the Bill & Melinda Gates Foundation, continue to “pressurize” WHO to focus on specific diseases rather than on international general public health issues, making WHO weak and ineffective against pandemics (Patrick, 2020: 46).

The budget of the organization and its commitment to strong states and NGOs can be reflected in practice as an addiction. It is very rare for the WHO to express its opinion openly about a member state’s performance amid the outbreaks. For example, Gro Harlem, one of the former WHO Managers, described the fact that China and Canada did not fulfill their responsibilities in the SARS case in 2003 (Kickbusch, 2000).

It was intended to establish WTO as a technical international organization in Geneva, away from New York after 1945, to avoid political conflicts. But WHO is exposed to more political pressures in comparison with many other international organizations. Because it can interfere with the sovereign rights of the states with its decisions to slow down international transportation and trade during pandemic periods and bring regulations regarding important products in international trade. It is inevitable that an international organization, which is partially equipped with the restrictive and binding powers of states, to attract political pressures.

The key concept in WHO’s success in international public health activities is the “common interest and threat” perception. It will be able to protect the common global health interests of humanity to the extent that the WHO can direct member states to act together against common threats such as pandemics. Criticisms of WHO did not start for the first time with COVID-19. WHO has also been debated in the international community during the previous HIV/AIDS, SARS, bird flu, and swine flu pandemics. WHO was criticized more for the COVID-19 pandemic because it was politically trapped between the U.S. and China, competition in the age of global power transition.

A new review process can be expected in WHO with the COVID-19 pandemic, which previously had similar effects for the preparation and review of the International Hygiene and Health Regulations in 1951, 1969, 1973, 1981 and 2005. However, what is important here is whether WHO will settle for a series of reviews only to combat outbreaks, or whether there will be a radical change that will eliminate budget dependency and the political pressures associated with budget-related constraints. Considering that the liberal spirit, which made its impact felt in the international system in the 2000s, began to dissolve after 2008 and the realist system made itself felt again. Therefore, it should not be difficult to guess that the states would not allow a radical change in WHO’s structure, budget, and regulations in the foreseeable future.

The Absence of Global Governance and the Role of Turkey

The COVID-19 pandemic has become a serious challenge to the liberal international system, built on the pillars of international cooperation and solidarity. International organizations and global governance, which serve the common interests of the liberal system for ensuring peace and stability during the pandemic period, have failed to realize the expected outputs. For this reason, the states had to develop their own solutions, methods of protection, and struggle against health-related challenges.

Relatively weak states more badly experienced the COVID-19 pandemic compared to powerful states as a political stress test on a global scale (Fukuyama, 2020: 31). Turkey as an important regional actor implemented effective measures and methods of struggle against the pandemic respecting international solidarity and cooperation, therefore, gained international public appreciation during health crises.

Turkey actively used multilateral and bilateral institutionalized cooperation platforms during the pandemic period. Turkey applied the humanitarian and enterprising foreign policy to protect the level of existing cooperation from the effects of political conflicts and it demonstrated that the crisis could be converted to an opportunity. It was also revealed that the likelihood of cooperation between actors increases in such crisis environments, where the expectations for reciprocity and reputation are very high (Dai et al., 2017).

On March 26, 2020, President Erdoğan said in his speech at the G-20 Leaders Summit that “None of us have the luxury of implementing protective and unilateral policies. A free, open, and rules-based international trade system will play a major role in reducing the effects of the measures we take on the outbreak. In this context, it is important that all the national measures we will take are compatible with the World Trade Organization rules and encouraging international cooperation” (TCCB, 2020a) (TCCB, 2020a).

On 10 April 2020, at the video conference Turkish Council on “Cooperation and Solidarity in the Fight Against the COVID-19 Outbreak”, the President defined the Turkish Council as a useful platform for solidarity and cooperation among the member countries, also, it made concrete cooperation proposals for the health ministers to share information and experiences (TCCB, 2020b). In this context, Turkey realized national health measures, but on the other hand, it has sent the basic protective equipment to various countries including test kits and ventilators. Even Turkey provided basic and advanced medical help to the most affected developed countries. From the earliest days of the epidemic crisis until the end of May 2020, Turkey has sent various medical assistance to more than 100 countries.

Turkey has successfully managed the process through effective national health measures and international supportive activities while ineffective global governance came up during the global pandemic period. In the post-pandemic

era, Turkey should continue its active policy towards existing institutions at all levels in international systems. Also, Turkey should pursue its policy based on a win-win understanding in an economic-commercial sense, justice and representation in a political sense, humanitarian solidarity in a moral sense with a holistic vision, and a reformist attitude (Akgün, 2020b: 81).

Conclusion

In a pandemic period, such as COVID-19 that threatens the lives of billions of people all over the world and does not allow humanity to continue normal daily life, the weakening of cooperation mechanisms and intergovernmental solidarity does not coincide with the realities of a globalized world. Moreover, the nationalist and populist approaches observed in an era when the fate of people turned into such interdependence through production, trade, supply chains, and technology indicate a serious global governance crisis and pose a serious concern and anxiety to the world in terms of the future of global peace and security.

The vision of a peaceful liberal world that emerged after the “cold war” has been replaced by a pessimistic realism with risks of conflict between the great powers. The severe stressful environment created by the COVID-19 outbreak on the world political institutions has revealed the weaknesses of the global governance system, as well as the new fault lines of the multipolar world system that has been established in the post-hegemonic period. Instead of cooperative global governance based on liberal values, the world entered a more realistic period of international relations when existing (the USA) and rising (China) actors entered a serious competition among themselves.

It is essential to comprehend the global governance crisis in the pandemic process as a reflection of this new world reality and a “harbinger” of future predictions. Such a confrontational and competitive period is also called a “hybrid period” or “heterogeneous world order” in which different norms and understandings compete with each other. The world entered a period where uncertainties increased, cooperation areas narrowed, and bilateral inter-state relations were prioritized instead of multilateral diplomacy. In this context, it will not be a surprise that after the pandemic, the criticism and calls for reform towards all international institutions (especially the UN including its specialized agencies such as WHO) have increased.

Turkey voiced the need for the reform of the international system for a long time. Turkey will capture the significant opportunities in the post-pandemic period with the effects of moral and political legitimacy that it has gained for its solidarity approach and humanitarian diplomacy during the pandemic era. Active and coordinated diplomatic efforts are essential for proper positioning in the new era of the restructuring of the global governance system.

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