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## INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/11047

DOI URL: <http://dx.doi.org/10.21474/IJAR01/11047>



### RESEARCH ARTICLE

#### CRITICAL ANALYSIS ON THE RESPONSIBILITIES OF WORLD HEALTH ORGANIZATIONS (WHO) IN RELATION TO EMERGENCY RESPONSE TO COVID-19

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#### Manuscript Info

##### Manuscript History

Received: 25 March 2020

Final Accepted: 30 April 2020

Published: May 2020

##### Key words:-

Immunological Theory, Vaccine,  
Transferable, Pandemics, Descriptive  
Survey

#### Abstract

Coronavirus-19 has been in existence since 2002 when Coronavirus was first discovered in Guangdong province, South of China, as a Severe Acute Respiratory Syndrome (SARS) that was symptomized by cough, dyspnea and pneumonia (Zhong, NS, Zheng, BJ, PoonXie, ZH, et al, 2003); being highly transmissible among human beings from the bats. By then, the disease had rapidly spread to Hongkong and even across other provinces in China to the coverage of 28 other countries killing 8060 people; an indication that the disease was dangerous to human life, responsibility of the world Health Organization being as the watchdog of the international countries. It seems to be defeating the logic that, the WHO has not yet come up with the vaccine for the immunization of the corona virus. Report from the centre of Global Health Security Workshop (Charless Cliff, 2014) recommended that the WHO's core functions is to explicitly provide for its work in promoting and maintaining global health security, which seems not to be taking place as resolved to and documented. The objectives of the study is to establish the process that WHO employs in directing and coordinating health services, determine the strategies that the world Health Organization has put in place to curb the emerging pandemic in the world, establish the fore-protective mechanisms that WHO has put in place in case of the eruption of pandemics, and determine the state of evidence for leadership and management of the World Health Organization body internationally. The researchers applied three theories that included: Theory of Planned Behaviour (Ajzen, Icek (1987), Critical theory (Karl Marx, 1930) and Ecological theory (Bronfenbrenner, U., 1974). The mixed method research was executed by the researchers in which quantitative and qualitative design was concurrently applied. The researcher employed Accidental sampling and purposive sampling techniques. Collection of data was conducted through questionnaires, interview schedule and observation method. Descriptive survey data analysis was used to facilitate research objectives and questions with the employment of SPSS programme. The findings indicated that WHO has done little or nothing on discovery of vaccine for transferable or communicable pandemics. The conclusion was that the much money that is contributed by the international countries should be put into research work on the causes and the cure of many communicable diseases.

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Recommendation was that WHO's many responsibilities should be distributed to the other world organizations for efficiency.

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### ..... **Introduction:-**

The purpose of the foundation of World Health Organization in the year 1948 was for the attainment of all people in the highest level of health in the International World (Charles Clift, 2013). Since then there has been several changes in the global world of health with a large new initiatives and other organizations (Institutions) created that are posing a challenge to World Health Organization's role as directing and coordinating authority.

The entry of the World Bank into health sector with a large lending power in 1980s, the creation of USAIDS, the Global Alliance for Vaccine and immunization (GAVI), Global Fund to Fight AIDS, Tuberculosis and Malaria seem to have taken over the duties and responsibilities of World Health Organization indirectly disappointing it. The development of the Global Fund and UNITAID to tackle disease problems and provision of new products such as medicine for Malaria venture or drugs for the neglected diseases might be enough reasons that have rendered WHO a powerless body. If WHO was set up by the international Countries through proper consultation and policy formulation, why do other small bodies emerge with ambition for conducting the same role? Why could they not put the resources they have in the same basket of WHO if they had respect for its activities? This might have rendered World Health Organization powerless because of the duplication of the roles and responsibilities.

The emergence of competition for recognition internationally might have led to the open gate for the eruption of covid-19 unnoticed. Despite all the happenings, World Health Organization as the body that was internationally empowered to be concerned with the health issues has been in existence and operation for the last 72 years but without the discovery of any contagious diseases vaccine in the world. If Corona virus-19 began its root in China 2002 and affected 28 countries, what strategies has WHO put in place for future emergencies as mechanisms for early preparedness? what has the world Health Organization come up with as a preventive measure if it is true that it is serious with its 22 responsibilities? Global Humanitarian Response plan Covid-19 (2020) asserts that the world faces a global health crisis unlike before and in the last 75-years of history of the United Nations, diseases have been spreading causing human suffering, crippling the global economy and upending peoples' lives. The world is only as strong as the weakest health system (Secretary General United Nations, (2020). The statement seems to be being attributed to the management and leadership of World Health Organization. A well managed health organization constitutes the elements of effective health systems that include strong leadership and management, good governance, well-crafted plans, professional human resource management, sound financial management, good management of medicine and health products monitoring and evaluation focused on results, and the delivery of high quality service (Sylvia vrensendrop & Lourdes de Capeza, 2011

The responsibility of the World Health Organization (WHO) is to define the health system as the sum of organizations, institutions and resource who's shared primary purpose is for the health. The broad health systems are that everyone is responsible for good health from the family to the hospital city. It encompasses sanitation, nutrition by involving all branches of governments and operating within the public sector, civil society and not for profit entities. The world health organization has six building blocks that constitute service delivery, health work force, information, medical products, vaccines and technologies, financing and leadership and governance. The proper functions of the six components can enable for effective service delivery and the achievement of the intended results on assumption that the entire health system that includes the care organization will be strong. The process of building the six blocks will form the foundation for health that support access to high-quality health services, leading to positive health outcomes for clients and communities who are vulnerable and undeserved. The strengthening of the six blocks may lead to achievement of the positive health outcomes.

The leadership and management of the WHO seems to be having an issue that is not being tabled out rightly. Leadership in most organizations creates systems that managers are able to manage and can change them in fundamental ways to take advantage of opportunities and avoid hazards. Management is what makes system of people and technology work regularly well (Kotter International, 2010). Leadership fulfills the functions of directing, creating vision, and strategy, communicating, motivating action, aligning people and creating systems that can be managed by managers and transforming them to allow for growth and development (Kotter International, 2010). It also allows setting organizational priorities than what WHO is concentrating on like Mental disorder

instead of spending both human resource and financial resource on research for communicable and transmissible diseases vaccine. Management explores the six principles of management that include planning, organizing, staffing, directing, controlling and decision-making which might be missing in the agenda of World Health Organization's map (Longest & Darr, 2008). The World Health Organization staff should consist of medical researchers, professionals, scholars, medical engineers, the local herbalists, teachers, technicians, the environmentalists, spiritual leaders and people of all calibers. These are in a position to share ideas critically and come with solutions on a consensus basis.

The influence of the external and internal environment and local context may have diverse effects if management and leadership are not psychologically observant. The organizational structure plays a vital role in leadership and management. Management addresses the effect of organizational structure. Hierarchical and centralized organizational structure can be properly managed if there is clear definition of division of labour, standardized proceedings and tasks by which there is top down decision-making in which authority lies in the hands of individuals. The organizational structure shapes the culture of an organization through which leadership and management activities function well. The organization of World Health Organization might be lacking a competent organization structure or the management might have overstayed its importance to the extent that it cannot definitely define its responsibilities or it is overwhelmed by too much responsibilities.

According to the Atlas Country Profiles on Mental Health resources (2001); Medical science is at a new age whereby genetic restructuring is being considered as a means to fight illnesses and where gene therapy is being envisaged to treat severe mental disorders. However, despite these advances, there is lack of information that currently exists about basic mental health resources in the world. Knowledge about the availability of policies, legislation and programme in different countries of the world is absent. Information about whether mental health is considered part of primary or community care is missing. Estimates of the number of psychiatric beds and professionals are lacking an indication that data on mental financing, ease of access to psychotropic drugs and availability of mental health reporting systems are grossly inadequate (WHO, 2000). If those are just but a few challenges that WHO encounter in its system of management from the membership countries, is it not true that WHO is hardly getting support needed? If that is the case, is there any need for its existence? If support for just mental health disorders cannot be realized can it be able to get resources to support it conduct research on transmissible pandemics such as COVID-19?

Michael Hammer and Lauren Cumming (2011) asserts that WHO's policies have elements of good practice than its management systems and the WHO's quality management systems are poor and do not meet the practice principles in terms of accountability strategy. While it identifies its stakeholders in the key documents, it does not have overarching accountability strategy in place and has not provided evidence in signing any external accountability commitments. In addition to these, it does not have transparency policy that applies to all activities and functions which reduces its ability to be accountable to its stakeholders and systems to support and reward staff. Trump, (2020), and the White House announced it would be suspending financial contribution (Support) for WHO pending a review of organizations activities related to COVID-19 pandemic, with president Trump stating that U.S. contributes "between \$400 million and \$500 million per year to WHO ranging from \$102 to \$119 million over the last decade. U.S has made additional voluntary contributions, ranging from \$103 to \$401 million per year. However, WHO has not shown any commitment and transparency in its expenditures. This justifies the statements made by Trump. If the breakdown of the activities categorized by WHO is carefully studied, as stated it will possibly point out that there should be some essential activities that are not put into consideration that are making WHO a white elephant. Due to bad governance and elements of biasness in the management of WHO; US leadership was thinking of advising his financial management ministry to halt the American donations due to the death of over 100,000 people in America, over 2 million infected and 800,000 recovered from COVID-19 hypothesizing massive migration of the international countries from WHO. The Trump Comparatively, the whole world infected victims were 2, 033, 432, deaths, 129, 592, recovered 495, 586 and the active cases were 1, 408,023 by then. Although Trump is applauded for boldly causing infliction to the body existence for 75 years without international countries observations, Coronavirus pandemic acceleration in the United States from China has caused trade battle in reference to 2018 when Trump traded war on China, with accusations that China could dominate the international business by providing discovered medical supplies and pharmaceutical ingredients that might pose a challenge risk to American economy hence damaging the America's standing and its unpreparedness to fight pandemic on medical discovery leading to China creating international solidarity, yet America claim of being a super power country might

dwindle and its global legacy suffering a blow. The situation where America was an ego-centric country as the best, effective and efficient will expose it as a naked soldier (The Atlantic, 2020).

#### **Statement of the problem:**

The World Health Organization was founded with an aim of directing and controlling the international world on the eruption of the pandemics that could lead to human sufferings. The World Health Organization was to identify the emergency of the epidemics and come up with the preventive measures in advance to curb the massive death of human beings. The body was to even notch higher and do research to quickly and come up with vaccines that could suppress the eruption. The WHO seems not to have been putting measures in place as policy requirements that have been exposed by the eruption of covid-19 that is clearing people indiscriminately as if WHO was never mandated to do anything to assist the international countries irrespective of its existence since 1948 when it was founded. The same disease had been discovered in Wuhan in China after it had spread in over 28 countries the year 2020 and had killed 8,060 people which were enough experience to put strategic measures in place to control its faster speed in spreading. The recent threat by the president of America's the White House announcement it would be suspending financial contribution (Support) for WHO pending a review of organizations activities related to COVID-19 pandemic, stating that U.S. contributes "between \$400 million and \$500 million per year to WHO ranging from \$102 to \$119 million over the last decade is enough justification of what is not happening. This has prompted the researchers to conduct the study critically analyzing the responsibilities of World Health Organization on the faster spread of killer pandemics and yet the international countries contribute a lot of money for the study to come up with preventive and curative measures.

#### **The purpose of the study:**

The purpose of the study was to critically analyze the responsibility of the World Health Organization in relationship to COVID-19. The study unearthed the hidden truth about the World Health Organization on human health and its sustainability in existence for such a long time without it coming up with any vaccine that could prevent eruption of some diseases that are destructive to human life internationally

#### **Objectives of the Study:-**

1. To establish the process that World Health Organization employs in directing and coordinating health services in partner countries,
2. To determine the strategies that the World Health Organization has put in place to curb the emerging pandemic in the international countries,
3. To establish the fore-protective mechanisms that World Health Organization has put in place in case of the eruption of pandemics,
4. To determine the state of performance evidence for leadership and management of the World Health Organization body.

#### **Research Questions:**

1. What process does the World Health Organization employ in directing and coordinating health services in partner countries?
2. What strategies has the World Health Organization put in place to curb the emerging pandemic in the international countries?
3. What are the fore-protective mechanisms that World Health Organization has put in place in case of the eruption of pandemics?
4. What is the state of performance evidence for leadership and management of the World Health Organization body?

#### **Significance of the studying:**

1. The study will assist the future scholars to come up with organizations that will unearth the causes of transmissible pandemics to control the massive sufferings and human death that have been realized through Covid-19.
2. The study will unearth new knowledge on the process of manufacturing the vaccines that will prevent the future disease eruption.
3. The study will enable the future governments to come up with new policies that will control the species of animals that human being can feast on than the ones that spread uncontrollable diseases

4. The Ministry of health internationally will in future train researchers whose responsibility will be researching on drugs that will prevent, communicable disease, contagious diseases, genetic diseases and nutritional diseases.
5. The international countries will be able to establish the professionals that have the knowledge of the diseases to avoid misappropriation of resources to people who have no technical know-how of the medicine

#### **Justification of the study:**

The World Health Organization as the body that was internationally founded with an aim of curbing the spread of diseases has let the international organizations down by not being serious on its responsibility till the eruption of the COVID-19 pandemic. The COVID-19 is not a new epidemic to World Health Organization since it was realized the year 2002 when WHO was on power of directing and controlling because it had affected 28 countries and had killed some people in China at Guangdong and Hongkong spreading to 28 countries. The World Health Organization might have been ignorant of its responsibility because that was the time to start searching for vaccine that could control the spread of COVID-19 Virus..

#### **Literature Review:-**

##### **Introduction:**

The study reviews the related subjects under investigation in order to highlight on the subject and provide framework for proper study. The Chapter reviews literature in relation to critical analysis on the responsibility of WHO organization in order to highlight its functions on eruption of pandemics in the international world. The components include: theoretical framework, objectives of the study, various authors providing various views on pandemic eruptions and several organizations formulated in addition to World Health Organization.

The foundation of World Health Organization in the year 7<sup>th</sup> April 1948 was to coordinate and direct the issues of health internationally, with the membership composition of 193 countries with its headquarters at Geneva, Switzerland. The main role of the organization was to serve as the “authority for health within United Nations systems” and provide “leadership on global health matters, shape the health research agenda, set norms and standards, articulate evidence-based policy options, provide technical support to countries and monitor and assess health trends. In order to fulfill this mission, the organization was being governed by the World Health Assembly (WHA) on executive committee and secretariat. The WHA is the “Supreme decision-making body” for the WHO, and as such, ensures that activities of organization are in line with the ultimate objective of the organization, which is to ensure that “all peoples achieve the highest possible standards of health (United Nations General Secretary, 1946). The WHO has a dual role as a provider of global public goods that benefit all nations-rich and poor-and that need to be provided collectively, and as a provider of supportive services to its member states (Charles Clift, 2014). Beyond this, the global health community-including the WHO-has struggled to address threats to global health and security, ranging from climate change, population growth and environmental degradation to the spread of communicable and non-communicable disease, migration, and rising inequalities associated with globalization and failure sufficiently to improve many of the social determinants of health. These threats often emerge initially in other sectors and involve issues with which health professionals are unfamiliar and powerless. The context for considering what role the WHO should play is that it is insufficiently financed to execute many of the functions that it is mandated to undertake. This is why the WHO embarked on process of internal reform and that is why choices need to be made about what is essential that the WHO does and what others it cannot equally do well. The international countries could have learnt some lessons from the emergence of Influenza disease in Spain in 1918 that killed 50 million people in the whole world. Worldwide, that remains an ominous warning to the public health (Jeffery, K. Taubenberger & David M., 1918). Many questions about its origins, its unusual epidemiologic features, and the basis of its Pathogenicity remain unanswered. The public health implications of the epidemic therefore remain in doubt even as we now grapple with feared emergence of pandemic cause by H5N1 or other virus. However, new information about 1918 virus emergence and sequencing of the entire genome from archival autopsy tissues remains unanswered, but, the viral genome alone is unlikely to provide answers. This is because an estimated one third of the world’s population of 500 million persons were infected and had clinically apparent illness during the 1918-1919 influenza pandemic (Frost, WH, 1920, Burner, F., 1942). This seems to be the direction that COVID-19 is taking us unless many international countries concentrate on the struggle for the discovery of treatment or vaccine instead of concentrating on WHO that has already betrayed the international world.

##### **Theoretical Review:**

The researcher employed Critical analysis theory, Ecological theory, genetic theory, Immunization theory, Microbiological theory and Planned Behaviour Theory that will underpin the given variables in the study.

**Critical analysis theory:**

Positivist and interpretive paradigms within the analysis are essentially concerned with understanding phenomena through two different lenses. Positivism strives at objectivity, measurability, predictability, controllability, patterning, the construction of laws and rules of behaviour and the ascription of the causality, the interpretive paradigms that strive to understand and interpret the world in terms of its actors. In the former, observed phenomena are important, while in the latter meanings, interpretations are paramount. Habermas (1984:109-10) echoing Giddens (1976), describes this latter as double hermeneutic, where people strive to interpret and operate in an already interpreted world. An emerging approach to COVID-19 eruption is a paradigm of critical diseases research. This regards the two previous paradigms as representing incomplete accounts of social behaviour by neglect of political and ideological contexts of much disease eruptions. Positivist and interpretive paradigms are seen as preoccupied with technical and hermeneutic knowledge respectively (Gage, 1989). Critical Theory analysis is explicitly prescriptive and normative; entailing a view of what behavior in a social democracy should entail (Fay, 1987, Marrisons, 1995). Its intention is not merely to give account of society and behaviour but to realize that a society is based on quality health for all its members.

**Ecological Theory (Leeuwenhoek, 1899):**

The ecological theory is used to classify, interpret, and predict the world around us. Without it, microbial ecology is merely the accumulation of the situation-bound statements that are of limited predictive ability, providing microbiologists with few insights. The theory has an essential role in developing an understanding of and explaining the interactions between, microorganisms and their physical, chemical and biological environments. This understanding could be lacking if it is solely qualitative, and a full understanding therefore requires quantitative theory. Theory generates predictions that can be of particular value for policy makers, stakeholders and society. A striking example is the use of epidemiological models to predict the spread of human and plant pathogens and use of these predictions to inform and implement control policies.

Understanding of the ecology of microorganisms is arguably one of the most compelling intellectual challenges that face contemporary ecology. Although worthy for its intellectual merits alone, developing ideas such as an understanding is essential to meet many of the major challenges facing human society today, especially such as management and leadership of natural ecosystems and mitigation of climate change. Despite this, the application of theory is severely lacking in microbial ecology where, paradoxically, it is required most. Just as the ecological theory arose from natural history, to draw generalized conclusions from specific observations of organisms in their environment, so microbiologists need theory to interpret the plethora of observations that have been made since Van Leeuwenhoek first saw animalcules' more than 300 years ago (James, I. Prosser et al., 2007). The causal schema of zoonotic disease theory and observations involving specific emerging infectious disease cases suggests a causal schema that links ecological phenomena on the scale of pathogen transmission and evolution to regional and leadership global transformations. Several researchers have categorized causal factors of infectious disease emergence, that includes explicitly citing "ecological" ones involving land use, human movement (Daszak, P., 2000) encroachment and wildlife transportation and eating (Gubler D. J. , 1998), rapid transport (Mosee S. S , 1995), use of drivers Patz J. Crozy, 2000), and Climate change (Daszak P. Cunningham A. A (2000).

**Theory of Planned Behaviour (TPB):**

According to the Theory of Planned Behaviour (TPB), performance of a particular behaviour is predicted by the intention to perform the behaviour which in turn is a function of attitude, normative beliefs and Perceived Behaviour Control (PBC). Thus individuals are likely to intend to vaccinate their people if they believe that behaviour will lead to a value outcome, that significant others who think they should carry out the behaviour and that they have necessary resources or opportunities to perform desirable behaviour (Fahy A., Desmond D, M. , 2010). Fahy examined the application of the TPB in the context of mothers' intentions to have their daughters recommend HPV vaccine. Abhyankar et al., (2008:1-16) used TPB as the framework through which to explore the role of intrapersonal variables in the relationship between framework and intentions. Fahy found perceptions of vaccine efficiency were positively correlated with strong intentions to immunize. No other associations between TPB variables and intentions to vaccinate were detected. The intervention evaluated by Gottvall et al.(2010) was based on Health Belief Model (HBM), Gottvall, Rimer and Viswanaty (2008). According to HBM, people will take action to prevent ill-health conditions if they believe that a course of action available to them would be beneficial in reducing either susceptibility to or the severity of the condition, and if they believe that anticipated barrier to or cost of, taking the action are outweighed by its benefits Trump, 2020) when he felt like withdrawing from WHO. The intervention by

WHO has only improved knowledge level but has not improved the prevalence of preventive behaviours: including vaccine discovery.

**The process that World Health Organization employs in directing and coordinating health services in partner countries:**

There are several questions about why WHO should locate itself in relation to the new and crowded institutional environment. How should it interpret its constitutional role to accommodate all the institutions? As an intergovernmental organization, how can it effectively and efficiently engage with the several sectors, including NGOs, charitable organizations, and private sector? Are World Health Organizations principally normative, standard setting institutions, a knowledge broker and provider of information and evidence, and advocate for global health? Or is it principally a provider of technical assistance to governments in various health-related spheres? In addition, should it be an implementer of projects usually funded through earmarked voluntary contributions from funders? What is the best balance between these functions? Do they conflict? What does this imply for the organization WHO with its unique structures of semi-autonomous regional offices? This study reviews and analyzes the history of the previous efforts at reform in WHO and the key issues that arise in defining WHO's role in the international global health system as it is now evolved in the eve of COVID-19 and what this might mean for its own governance, management, administration and financing (Charles Clift, 2013).

The draft of twelfth general programme of work identifies health governance as one of the eight strategic priorities. Specifically, this priority is defined in term as of greater coherence in global health, with World Health Organization playing a coordinating and directing role that enables a range of different actors to contribute more effectively to the health of all peoples. This role has several practical expressions. The report looks at World Health Organization's health governance role from three different angles. The first, being from perspective of work to position and promote health in a range of global regional and national process. Secondly, it highlights governance issues implicit in the other strategic priorities in the draft governance programme of the work. Thirdly, it links the analysis of health governance, the governance of World Health Organization by member states and the components of reform that will enhance World Health Organization's effectiveness in its governance role. WHO is committed to a more coherent approach to the United Nations work at the country level, to a lighting of support to the national priorities, and to promote the place of health in United Nations Development Assistance Framework and one UN plans, but duplication and overstretched responsibilities make WHO not to understand fully it responsibilities (Director General (WHO, 2010). The WHO had recently undertaken extensive internal reforms to ensure its continued relevance as the United Nations public health arm. This effort is of relevance to other international governmental organizations faced with similar challenges. As part of these efforts, the Organization is working to improve the alignment, flexibility, predictability, and transparency of the Organization's financing and to improve its management activities. In particular, improvement to internal governance practices and to the way the organization engages with external stakeholders will help clarify and strengthen the position of the organization and achieve greater coherence among players involved in global health. The scope of the activities of the organization is ultimately independent upon its objective- in the sense that based on the broad definition of WHO's objective in the constitution, the organization has authority to take any activity insofar as its efforts on health is concerned (I.C.J. Reports 1996). The positive and broad definition of health enshrined in the preamble of the constitution has enabled Organization to adapt to "globalization of public health" (fiddler, 2001).

**Strategies Put in Place by World Health Organization to curb the emerging pandemic in the international countries:**

The communicable diseases or transmissible pandemics in the world are the major causes of human suffering, disability and death. The World Health Organization is to put its mechanisms in place on transmissible epidemics that can provide technical and professional guidance and support to the national governments to organize and implement the programmes aimed at setting up or strengthening control measures on communicable diseases, reducing transmission, mortality, morbidity and human suffering and gradually eradicating these diseases to cease public torment. The prepared document by the technical units in WHO and UNAIDS that has key public health interventions against communicable diseases that who recommended as surveillance standards (WHO/CDS/CSR/ISR/92.2d ed., revised 1998) cannot work unless the policy is implemented. The high-quality research is essential for World Health Organization to achieve its constitutional objective, namely "attainment by all peoples of the highest possible level of health". WHO has long given high priority to research which is identified in article 2 of the organization's constitution; to promote and conduct research in the field of health" which is not forthcoming. In 1959, the first Advisory Committee on Medical Research was established and regional advisory

committee was to follow. Renamed Advisory Committee on Health Research in 1986, the committee continues to convene global experts on its policies. Research concerns have appeared frequently on the agendas of World Health Assemblies unimplemented (The WHO strategy on research for health, 2012). The World Health Organization has set up some strategies that seem not to be working. These include: Immunization, mass drug distribution (Chemoprophylaxis), food security, safe water and sanitization, injection safety and sterilization, blood safety and vector control. These are the responsibilities that can be worked upon by the individual national countries but not a worldwide international body (Organization) dealing with the health of human being internationally. These strategies seem to be misplaced strategies by World Health Organization whose responsibility worldwide is to coordinate research on vaccines discovery. In many countries, some prevention and control measures are managed through vertical disease prevention and control programmes using dedicated staff to provide specific services. This approach facilitates training and management but, it is expensive and difficult to sustain and reduces movement. The current trend is to move towards activities that maintain essential resources, planning, monitoring and evaluation so as to monitor quality of prevention and control activities and assess their impact on the disease(s) concerned. Is WHO doing the same? The blending of various diseases specific prevention and control programmes into primary health care require a careful balance to avoid creating a situation where several complex systems resort to multiplicity methods, reporting forms or schedules, and evaluating methods leading to extra costs and training requirements, the state in which World Health Organization has found itself in. The degree of specialization for staff undertaking prevention and control tasks vary in accordance with the administrative level in the same way that, varies in clinical practice in relation to the level of care at primary or at periphery level, training, funding, ordering, and management of supplies and equipment. The intermediate level teams are to ensure that there is minimum essential information required for analysis and management of priority diseases, hence consolidate training, data collection and supervision as fast as possible and provide specialized disease prevention and control teams. The professionals are to provide technical guidance, programme and disease monitoring and ensure that there is availability of resources at both national and international levels. It is from the advent of COVID-19 that most countries have even come up with different inventions from masks to complicated equipment or detective machines (Ventilators), the responsibility of World Health Organization. In order to enhance successful implementation of the governance within WHO-strategy, the organization will need to develop appropriate mechanisms for improving strategy and operational efficiency across the WHO portfolio of research activities. One possible mechanism would involve the creation of thematic groups working across the organization in areas such as research capacity building and knowledge management.

**Fig 1:- WHO Biennial programme Budget 2020/2021 by Strategic Priority**

Category	Beneficiaries	2020/2021 Budget in \$Millions
A.	One million more people benefiting from universal coverage	1,358.8
B.	One million more people better protected from health emergencies	888.8
C.	One billion more people enjoying better health and well being	431.1
D.	More effective and efficient WHO better supporting countries	1090.0
E.	Polio eradication	863.0
F.	Special programmes	208.7
<b>TOTAL</b>		<b>\$4,840.4</b>

**Source:** World Health Organization Budget (2020/2021).

The WHO activities as identified are not logical in terms of financial audit rules and regulations in its programme budget for the year 2020/2021. The budget is not specific in its activities around its three strategic priorities and a few other programmes as stated. WHO asserts that its activities include “improved access to quality essential health services”, improved access to essential medicines, vaccines, diagnostics, devices for primary health care” and other activities. These are the activities that can be effectively and efficiently be done by individual countries with or without WHO. In reference to the enlisted activities in Fig. 1, WHO cannot account for the contributions that are donated in Billions dollars (\$ 4,840.4) as a health directing and coordinating body in support of President Trump of America’s statement in the absence of Vaccine that could have been discovered between 2002 to 2019 before the COVID -19.

### **The fore-protective mechanisms that World Health Organization has put in place in case of the eruption of pandemics:**

The first major pandemic, Severe Acute Respiratory Syndrome (SARS) corona virus-19 is a novel virus that has caused massive death internationally indiscriminately to the unimmediate notice and identification by the World Health Organization. The increasing economic demand in China might have led to the eruption of the virus from exotic game animals for animal protein demand. The overcrowded of various varieties of wild game animals and lack of bio-security mechanisms in wet markets led to the transmission of the novel virus from animals to human beings without hospital authority awareness in infection control and even the international air travel control, hence global dissemination of the corona virus agent. The dramatic part of the transmission has impacted seriously on the health systems, societies and economies affecting countries worldwide in the shortest time possible with the reference to the year 2003 the last time that the plague was experienced when it killed 8,060 people from 28 Countries. The World Health Organization without knowing that there could be re-emergence of SARS the year 2003 after China resuming the sale of wild game animals in the market in Southern China recently discovered the appearance of the same disease virus in the horseshoe bats. The World Health Organization had immediately reviewed the biology of the virus in relation to the epidemiology, clinical presentation, pathogenesis, laboratory, diagnosis, animal models or hosts and provided options for treatment, immunization and infection control that had the massive death that it could not realize.

There are several taxonomy and virology of SARS-COV. The SARS is just but one of the 36 coronavirus in the family of corona-viruses in the family of coronaviridae within the order nidovirales. The members of coronaviridae are known to cause respiratory or intestinal infections in human beings and the same animal (The University of Hongkong special Administrative region, China, 2003). The primary isolation of the Severe Acute Respiratory Syndrome was achieved by inoculation of patient's specimens into embryonic monkey cell lines that produced cytopathic changes where they lasted for 5 to 14 days (Department of microbiology, Research, Immunology, China (2003). Irrespective of what was taking place, the WHO never took any interest but only to come up with the spread news that COVID-19 was a dangerous Pandemic

### **The state of performance evidence on leadership and management of the World Health Organization:**

Center for global health (2011) asserts that the past decade has been one of the tremendous interest and support for advancing health on global scale. Despite all this, funding is still limited for the scope of the global health needs. There is growing awareness that well led and managed global health solutions are required to achieve effective, efficient and sustainable health programmes, especially the scale needed to attain Millennium Development Goals and other set global targets. Lack of management skill appears to be single most important barrier to improving health throughout the world. Leadership and management practices create opportunities for improving programme performance, strengthening work force capacity enhancing connections with target populations, and increasing ability to respond effectively to change. Leadership and management capacity within national systems are to steer global health development in the future. The purpose of the study is to review the current evidence of the impact of leadership and management on health and to contribute to that evidence base through a case study series of COVID-19 in relation to the World Health Organization. All the programmes in an organization must have leadership concepts and be managed well. Identification of quantifiable good leadership and management made on the global health achievements and proving causations seems to be complicated resulting into health being considered "soft science". Resource commitment to improve the world's health has more than quadrupled over the past years (Ravishanker, 2009). Despite provision of more resources, it has been difficult for many organizations to scale up and achieve their desired health impacts. A key limitation along the path towards universal attainment of the Millennium Development Goals and other global target is not just resource availability but also growing need to strengthen other determinants of global health programming success (Katz, Williams, Che and Lion, 2010). While there is a strong assertion that good leadership and management are important determinants of programme success, the evidence base for this principle is sparse. The study aimed at reviewing the evidence based through the study. Despite increasing funding for global health, funds are still limited compared to the global health needs. There has been growing consensus that there are barriers to even greater success in increasing effective health in order to ensure successful implementation of governance within World Health Organization strategy. The organization need to develop appropriate mechanisms for improving strategic and operational efficiency across the WHO portfolio of research activities. One possible mechanism would require the creation of thematic groups working across the organization in areas such as research capacity building and knowledge management.

### Research Methodology and Research Design:-

The researcher employed qualitative and quantitative research methods concurrently forming triangulation research design. The researcher collected the data through qualitative research method where by particular items were described, explained, and observed. In the quantitative method, the numerical data were performed using software (Statistical Package of Social Science (SPSS), Minitab, excel) after data collection. The software applied statistical formulae and carried out computations. Some key concepts in numerical analysis were identification (scales of data descriptive parametric and non-parametric data, dependent and independent variables). The research design included descriptive research design and diagnostic research design. The researcher described the characteristics of individual or group concerned with predictions, narration of the facts and characteristics. Diagnostic study determined the frequency that the COVID-19 and other epidemics such as Influenza have occurred without proper attention to. The study revisited some variables to check whether they associate with the diagnostic studies. In descriptive and diagnostic study, the researcher defined what was required clearly, what was to be measured and found the adequate methods that can be applied in measuring. The researcher identified the problem, stated the objectives, collected relevant data in relation to the topic of the study qualitatively and quantitatively, analyzed the data, drew inferences and conclusions after the definition of the population and sampling procedures adhered to. The qualitative and quantitative approaches were engaged in the study.

### Target population:

The researcher targeted a population of 1000000 people in the study in which the researcher used the Krejcie & Morgan, 1970 formula to calculate the sample size as shown below gave a sample of 382 respondents. The researcher used the sample size as the representative of the larger population.

$$S = \frac{X^2 NP(1-P)}{d^2(N-1) + XP(1-P)}$$

Where:

S=required Sample Size

X=Z value (e.g. 1.96 for 95% confidence level)

N= Population Size

P= Population proportion (expressed as decimal) assumed to be 0.5 (50%)

d= Degree of accuracy (5%), expressed as proportion (.05), it is margin of error

$$\begin{aligned} \text{In this case } S &= 1.96^2 \times 100000 \times 0.5(1-0.5) \\ &\quad 0.05^2 \times 0.05(100000-1) + 1.96^2 \times 0.5(1-0.5) \\ &= 95,808 \\ &\quad 250.9575 \\ &= 381 \end{aligned}$$

The sample size was 381 respondents.

### Sampling Techniques:

The sampling techniques included Purposive sampling, Judgmental sampling and quota sampling techniques. The questionnaires, Interview schedules through media, and documents analysis were utilized for data collection. Since several communication mechanisms such as twitter, websites, radios; Televisions and Whatsap there was no need for pilot study. The research instruments were reliable and valid because there was face to face or direct communication conduct with the affected countries. Data analysis was done after identification, sorting coding tabulation, graphing and pie-charting by the Scientific Package of Social Sciences (SPSS) 21.1 in machine (Computer)

### Findings:

The study findings revealed that the World Health Organization has not equitably assigned its staff some responsibilities with proper follow-ups on who is doing what (Abdication). The WHO has not shown transparency on its accounts on all the donor funds for the last 75 years. The World Health Organization has no proper guiding strategies on its responsibility and the documented ones are not operational. It also proved that the leadership of World Health Organization is long overdue in office and needs replacement. The organization has no projections for the future pandemics emergence response but it only does the work that is done by its international countries instead of coming up with new discoveries. The World Health Organization large sum of money that it receives is not put in excavation of new vaccines due to lack of future projections. The findings projected the disintegration of the World Health Organization if proper leadership, management and administration are not immediately put in place by the international countries.

### Discussion and Conclusion:-

The continual expansion of population since prehistoric times and the advent of utilization of domestic and wild animals as sources of proteins exposes human to animal pathogens. The wet markets of wild and game animals are becoming the major causes of various dangerous diseases in the world. Most of these diseases have greatly perished people in international countries. In spite of what is generally and commonly understood principles, and warning signs that went unheeded to in 1970,s 1980,s 2002,s 2003,s and then 2019 COVID-19, biomedical and public health institutions were unprepared for the current surge in emerged infections. Most learning institutions such as Universities, colleges, high schools and primary schools management were caught unprepared and unaware in the situations of emergencies. In the light of the complexities of the factors involved, this lack of preparedness should not be surprising. As explained by infectious disease ecology described here, Zoonotic emergence involves biological process operating on the scales of molecules and cells to that of coupled, regional scale human- natural systems. Political, economic factors and policies driving regional environmental change and spreading geographically across the globe is posing a serious issue. The recent worldwide upsurge of zoonotic infectious diseases, involving the resurgence of the growing number of diseases previously believed under control or the emergence of the newly recognized diseases, has been attributed to a list of global factors characterized in terms of ranging from microbial adaptation and land use to changing ecosystems, breakdown public health and poverty. The complicated nature of the rising challenges, which obviously entails numerous interacting variables operating on different time and space scales pose a significant challenge to biomedical science and epidemiological research as well as public health intervention. However, the current trend of increasing global emerging infectious diseases is linked with another issue of global governance, sustainable development and management, with which disease control and preventive strategies are to be integrated.

### Recommendation:-

1. There should be overhauling of World Health Organization Leadership and management to avoid massive immigration and its collapse.
2. The World Health Organization's financial records should be re-audited by an international auditor appointed by the international meeting for the last 75 years.
3. The organization main donors be motivated by being given extra attention for their commitment on the body
4. The other Organization's duplication of responsibilities that is executed by WHO be terminated
5. The major responsibilities of WHO is to conduct research and come up with future disease eruption vaccine.
6. World health Organizations to carry out the staff audit to enhance efficiency and effectiveness to improve on service delivery
7. The World Health Organizations to advise each member Country to prepare emergence response infrastructure for future eventualities
8. All the international Countries to combine their efforts in times of future emergencies unlike the times of COVID-19 where some countries assumed the disease eruptions exposing the citizens to dangerous sufferings and death.

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