THE UNIVERSITY OF CHICAGO | COMMITTEE ON INTERNATIONAL RELATIONS

The University of Chicago

WHO, When, and Why:

Reputational Decision-Making in the World Health Organization's Emergency Response

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The behavior of International Organizations (IOs) has been the subject of much inquiry, with investigations often focusing on inherent organizational qualities or external political influences on decision-making processes that lead to otherwise unexpected outcomes. The World Health Organization (WHO) exhibits often-criticized behaviors in crisis situations that appear inexplicable when evaluating on these grounds, suggesting that there may be another factor at play. This study tracks the influence of reputation on the WHO's global health crisis management, in particular through the lens of the influence of this perceived reputation on the last two Director-Generals of the Organization, Margaret Chan and Tedros Adhanom Ghebreyesus. By examining data and sources from the past 20 years of the WHO's Public Health Emergency of International Concern (PHEIC) system, I find that an institutional focus on reputation maximization helps to explain why and when the WHO has declared public health emergencies, and how the process has been shaped by leaders to fit their goals.

On May 17, 2026, just 2 days after receiving word from the government of the Democratic Republic of the Congo (DRC), the World Health Organization (WHO) again rang its loudest alarm bell, declaring that the outbreak of Bundibugyo Ebolavirus had become a Public Health Emergency of International Concern (PHEIC),[1] a designation meant to activate a strong international response to emerging global health crises. For the first time, the WHO had quickly declared an emergency in response to an outbreak of Ebola.

In the nearly 20 years since the PHEIC process was created, there had been three other Ebola outbreaks – 2014 West Africa, 2018 Equateur Province DRC, and 2018 Kivu and Ituri Province DRC – all of which were considered for this emergency designation, and all of which became targets for major critics of the WHO. 2014 and 2018 Kivu and Ituri Ebola had been heavily delayed and mishandled, according to critics,[2][3] and 2018 Equateur never received a designation in the first place, despite relatively similar early case counts to the prior 2014

[1] "Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern," *World Health Organization*, May 17, 2026. https://www.who.int/news/item/17-05-2026-epidemic-of-ebola-disease-in-the-democratic-republic-of-the-congo-and-uganda-determined-a-public-health-emergency-of-international-concern.

[2] Adam Kamradt-Scott, "WHO's to blame? The World Health Organization and the 2014 Ebola outbreak in West Africa," Third World Quarterly 38, no. 3 (2016): 401-418 [409-410]. https://doi.org/10.1080/01436597.2015.1112232.

[3] Amy Maxmen and Sara Reardon, "World Health Organization resists declaring Ebola emergency — for third time," *Nature*, June 13, 2019. https://www.nature.com/articles/d41586-019-01893-1.

outbreak.[4] Prior to the creation of the PHEIC, the world had seen Ebolavirus before, too; a 1995 outbreak made news as high death rates emerged in clusters of infected people in Zaire (modern-day DRC).[5]

What was so different this time around? Neither the epidemiological data nor the potential for spread or potential for impact on trade and travel seemed much different from past outbreaks. While the Bundibugyo virus *was* novel in comparison to the Zaire virus that had caused most previous outbreaks, no vaccine had existed for Zaire Ebola in 2014 either, and there were still inconsistencies in the responses to the two outbreaks in 2018 even with the presence of the new rVSV-ZEBOV vaccine. Something beyond disease facts and epidemiology was at play.

The behavior of International Organizations (IOs), especially those with special expertise like that of the WHO, can often come across as arcane, inefficient, and unpredictable. Scholars of IO politics have highlighted these unique pathologies, often linked to the organizations' structures and functions as expert bureaucracies, that can easily create "policies that defy rational logic".[6] Others have noted that, despite their technocratic and expert external signalling, bureaucrats and the agencies they work for or lead are often quite political in nature, rather than simply being agents of their member states and donors.[7][8] Still more have linked IO behaviors to their origins in the colonial past and the biases and patterns of thinking that may be present, or even institutionalized within, these organizations.[9][10]

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[4] "Statement on the 1st meeting of the IHR Emergency Committee regarding the Ebola outbreak in 2018," *World Health Organization*, May 18, 2018. https://www.who.int/news/item/18-05-2018-statement-on-the-1st-meeting-of-the-ihr-emergency-committee-regarding-the-ebola-outbreak-in-2018.

[5] "Outbreak of Ebola Viral Hemorrhagic Fever -- Zaire, 1995," *CDC MMWR*, May 19, 1995. https://www.cdc.gov/mmwr/preview/mmwrhtml/00037078.htm.

[6] Michael Barnett and Martha Finnemore, "The Politics, Power, and Pathologies of International Organizations," *International Organization* 53, no. 4 (1999): 715. https://doi.org/10.1162/002081899551048.

[7] Thomas Gehring and Kevin Urbanski, "Member-dominated international organizations as actors: a bottom-up theory of corporate agency," *International Theory* 15, no. 1 (2023): 129-153. https://doi.org/10.1017/S1752971922000069.

[8] Mark Copelovitch and Stephanie Rickard, "Partisan Technocrats: How Leaders Matter in International Organizations," *Global Studies Quarterly* 1, no. 3 (2021): ksab021. https://doi.org/10.1093/isagsq/ksab021.

[9] George Lawson, "The Colonial Origins – and Legacies – of International Organizations," in *The Historicity of International Politics*, ed. Klaus Schlichte and Stephan Stetter (Cambridge UP, 2023). Pp. 49-65.

[10] Lina Benabdallah, "The Liberal International Order as an Imposition: A Postcolonial Reading," *Ethics & International Affairs* 38, no. 2 (2024): 162-179. https://doi.org/10.1017/S0892679424000236.

IOs likely have a number of competing motivations, but one thing is certainly true: they cannot act without the ability and authority to do so. Their capabilities are tied to their funding, the regulations surrounding them, and ultimately to the trust placed in them by their member states and donors. It is their *reputation* for being able to handle global affairs that often forms the basis of IO action, and the management of this reputation is important to the maintenance and promotion of the organizations. Examining this condition, and the way it affects decision-making, may provide further insight into the odd way that IOs sometimes behave.

Reputation and IO Behavior

Reputation is the general perception of an organization by its audience(s), often a judgment of performance or standing which carries with it a normative edge; i.e., it is "good" that org A acts in manner X, "bad" that org B acts Y. For many IOs, a reputation for being expert and acting on that expertise are the very basis for their capabilities in the first place – we want experts to be in charge of expert issue-areas.[11]

To these expert IOs, their reputation forms their legitimacy and authority,[12] and maintaining it is key to maintaining the organization itself. As such, we would expect that the leaders/leadership of these organizations would therefore make strategic decisions to maximize the reputation of the organization (or minimize risk to said reputation). If an organization's actions are under high scrutiny, leaders will act conservatively so as to not overstep bounds and further threaten capabilities/authority. In situations where leadership perceives a high potential for reputational gain, they may expedite processes in order to lay claim to the issue area faster and garner more authority over it. As organizations and processes mature, leaders may use a sort of "ratchet-effect" to increase or evolve their (or their organization's) powers in emergency situations, affecting the scope, scale, or ability to respond.

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[11] Michael Barnett and Martha Finnmore, *Rules for the World: International Organizations in Global Politics*, Cornell UP, 2004. pp 24-25.
[12] Kristen Daugirdas, "Reputation and the Responsibility of International Organizations," *European Journal of International Law* 25, no. 4 (2014): 991-1018. https://doi.org/10.1093/ejil/chu087.

Maintaining and Maximizing Authority Through Reputation

IOs lack the type of state-power-backed authority that we might expect to see from national agencies. International law is quite weak,[13] and many expert IOs simply lack enforcement capabilities or resources to compel behavior. Instead, they are involved in a different kind of political project entirely. Through their *epistemic* authority, these IOs maintain control of information flows based on their reputation as expert organizations.[14] Controlling the issue-areas themselves allows IOs to influence the very substance of global policy agendas.[15]

We would expect that the maintenance of that authority, and of that reputation of expertise, would be particularly important to the leadership of IOs, particularly in moments where the profile and stakes are highest, those of emergencies and crises. The assertion of authority in these emergency situations serves to further establish the expertise – and authority – of the organization. Prior research, particularly into national-level bureaucracies, has highlighted a tendency for bureaucratic agencies to seek ever-greater power and deference.[16] Where enterprising bureaucrats, necessary expertise, and a legitimate need for governance intersect, a more powerful bureaucracy often follows,[17] and bureaucrats who strive to perform are often rewarded with increased deference and authority.[18]

IOs face a "use-it-or-lose-it" problem: if they never respond in times of need (or are perceived as doing so), then they might lose the ability to respond in the first place, especially if those abilities are backed by specially-allotted resources or other extensive powers. However, agencies must also exercise their powers *well*, lest they receive critique, reputational consequences, and, in some cases, lose those capabilities entirely.[19] As a result, IOs land squarely

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[13] Jack Goldsmith and Eric A. Posner, "The Limits of International Law Fifteen Years Later," *Chicago Journal of International Law* 22, no. 1 (2021): 110-127. cjil.uchicago.edu/print-archive/limits-international-law-fifteen-years-later.

[14] Alejandro Esguerra and Sandra van der Hel, "Participatory Designs and Epistemic Authority in Knowledge Platforms for Sustainability," *Global Environmental Politics* 21, no. 1 (2021): 130-151. https://doi.org/10.1162/glep_a_00573.

[15] André Broome and Leonard Seabrooke, "Seeing Like an International Organisation," *New Political Economy* 17, no. 1 (2012): 1-16. doi.org/10.1080/13563467.2011.569019.

[16] Daniel Carpenter, *The Forging of Bureaucratic Autonomy: Reputations, Networks, and Policy Innovation in Executive Agencies, 1862-1928*. Princeton UP, 2001.

[17] Daniel Carpenter, *Reputation and Power: Organizational Image and Pharmaceutical Regulation at the FDA*, Princeton UP, 2010. See Chap. 5 "Reputation and Power Crystallized: Thalidomide, Frances Kelsey, and Phased Experiment, 1961-1966."

[18] Sean Gailmard and John W. Patty, "Slackers and Zealots: Civil Service, Policy Discretion, and Bureaucratic Expertise," *American Journal of Political Science* 51, no. 4 (2007): 873-889, doi.org/10.1111/j.1540-5907.2007.00286.x.

[19] Daniel Carpenter, *The Forging of Bureaucratic Autonomy*. See Chap. 10 "Structure, Reputation, and the Bureaucratic Failure of Reclamation Policy, 1902-14."

in the middle of an optimization puzzle: they must balance the necessity of responding as frequently as possible in order to maintain and build their reputation with the risk of doing so poorly and suffering reputational consequences, when it is not always clear what the "right" thing to do is.[20] In situations where reputational risks are perceived as low and potential for gain is high, we should see leaders choose to act quickly and responsively, while in situations where risks are high and potential for loss is high, we should see leaders act conservatively and delay or even avoid responding altogether.

The Ratchet Effect

As institutions encounter new problems, they often adapt to meet these challenges. In cases of crises – extraordinary new problems – a unique kind of adaptation can occur: ratcheting. The "ratchet effect" describes a phenomenon in which individuals or organizations gain more resources, capabilities, or power during an emergency event which justifies the need for extraordinary means, but then hold onto those gains after the emergency has subsided or passed.[21] Research applying the lens of ratcheting to IOs has highlighted the way in which these organizations often utilize "authority leaps," stretching the bounds of their powers beyond the limits that would usually constrain them through a rationalization of avoiding the obstruction of delivering public goods.[22] For an IO with authority based primarily in its reputation of expertise, exploiting the ratchet effect could prove to be an effective strategy to access gains when otherwise constrained reputationally or organizationally.

The WHO

The WHO is an International Organization (IO) and a specialized agency of the United Nations (UN), an independent entity which operates under the broader umbrella of the UN

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[20] Kristina Daugirdas, "Reputation as a Disciplinarian of International Organizations," *American Journal of International Law*.

[21] The very first explorations of the "ratchet effect" were in regards to expanding government expenditures and budgets that coincided with periods of emergencies, such as the enlarged budgets of militaries that remained that way after major conflicts. The first author to explore this effect was Richard M. Bird in "The 'Displacement Effect': A Critical Note" in the journal *FinanzArchiv* 30, no. 3 (1972), itself a critique of an earlier book by Alan T. Peacock and Jack Wiseman, *The Growth of Public Expenditure in the United Kingdom* (George Allen and Unwin, 1967).

[22] Christian Kreuder-Sonnen, "International authority and the emergency problematique: IO empowerment through crises," International Theory 11, no. 2 (2019): 182-210. https://doi.org/10.1017/S1752971919000010.

system, but does so autonomously.[23] It is governed by an annual conference of its member nations known as the World Health Assembly (WHA), who meet (usually) annually to decide the budget, assess contributions from members, and develop regulations – essentially serving as a legislative body for the organization.[24]

By the early 2000s, after decades of increased globalization, urbanization, population growth, and international travel throughout the 20th century, major disease outbreaks were on the rise across the globe.[25] In order to better equip the WHO to respond to the increasing threat of global pandemics, the WHA majorly reworked the International Health Regulations (IHR), ultimately culminating in the IHR (2005) that came into effect in mid-2007. The IHR increased reporting requirements of member nations, equipped the WHO with a much wider and more sensitive surveillance network, and granted the organization the ability to ring the alarm in case of global health crises – the power to declare a Public Health Emergency of International Concern (PHEIC).

Why the WHO?

Because of its status as an expert IO, the maintenance of the WHO's reputation is key to maintaining its authority. The WHO's status and reputation as the world's expert health agency are precisely what allows it to influence global health regulation and security; rather than compelling states to comply with its regulation, it is trusted to be the regulator. By setting the agenda on global health, the WHO is able to direct the world's health resources, set standards for disease surveillance and reporting, set standards for care, influence the priorities of biomedical researchers and institutions, among a number of other capabilities. This epistemic authority can extend to the point of determining the allocation of real, material resources, such as the WHO's leadership of the International Coordinating Group on Vaccine Provision, through which it directs the disbursement of critical vaccine stockpiles in the case of major disease outbreaks.[26]

The PHEIC procedure provides a particularly good lens to examine this phenomenon. As the largest alarm bell that the WHO can ring, the PHEIC sits at the absolute top of the options the

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[23] "UN System," *United Nations*. https://www.un.org/en/about-us/un-system.
[24] "World Health Assembly," *World Health Organization*. https://www.who.int/about/governance/world-health-assembly.
[25] Katherine F. Smith, et. al, "Global rise in infectious disease outbreaks," *J. R. Soc. Interface* 11, no. 101 (2014): 20140950. https://doi.org/10.1098/rsif.2014.0950.
[26] "International Coordinating Group (ICG) on Vaccine Provision: About us," *World Health Organization*, https://www.who.int/groups/icg/about.

organization has when responding to global health emergencies. The IHR (2005) regulations that established the PHEIC also brought with them a set of surveillance powers for the WHO and reporting requirements for member-states that build greater capacity for epidemiological work. The PHEIC process also serves as a place for the WHO to expand its authority and ownership of the global health space. In a purely epistemic sense, PHEIC-level threats tend to be novel, meaning that control over them is control over relatively new or under-explored issue areas. Take COVID-19, for example. The outbreak was caused by an entirely new pathogen, SARS-CoV-2. By declaring a PHEIC, the WHO is able to assert control over new areas of health governance where their guidance and leadership will be paramount.

Each use of the PHEIC system further institutionalizes the WHO's capacity to respond to global health emergencies, which might also help with securing further resources and capabilities necessary for those responses. This pressure exists as a constant for the leadership of the WHO: DGs often and repeatedly appeal to member states and the WHA for greater deference, funding, and so-on.[27][28] Since this constant pressure exists, we might also expect that the WHO could use the "ratchet-effect" to its benefit. An "authority-leap" type of institutional ratchet could mean a change in the way the PHEIC rules are applied, a stretching of the standards, or a change in the process itself. We might expect to see a DG attempt to utilize the ratchet effect in situations where the organization is otherwise incapable of action in the way the DG prefers, and under great reputational stress.

The Puzzle: PHEIC Variance and Hidden Decision-Making Factors

When the Director-General (DG) of the WHO receives information about a possible PHEIC through their network of epidemiologists, partners, and advisors, they make a decision about whether to invoke the IHR (2005) and begin the PHEIC process. Should they invoke the IHR (2005), the standard procedure is for the DG to then form an IHR Emergency Committee (EC), made up of independent experts, who will review the facts and determine whether the

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[27] "WHO Director-General's opening remarks at the 158th session of the Executive Board – 2 February 2026," *World Health Organization*, February 2, 2026, https://www.who.int/news-room/speeches/item/who-director-general-s-opening-remarks-at-the-158th-session-of-the-executive-board-2-february-2026.

[28] "WHO Director-General's opening remarks at the 79th World Health Assembly high-level welcome – 18 May 2026," *World Health Organization*, May 18, 2026, https://www.who.int/news-room/speeches/item/who-director-general-s-opening-remarks-at-the-79th-world-health-assembly-high-level-welcome---18-may-2026.

given outbreak meets the standards of a PHEIC, ultimately either recommending or not recommending the declaration of a PHEIC. The DG traditionally takes the EC's advice in each case. There have been 12 outbreaks sent to IHR ECs in the nearly 20 years since the IHR (2005) came into effect, with 9 of those receiving PHEIC declarations.

The WHO has a stated and demonstrated focus on global health, and every disease outbreak that has reached the IHR EC stage has met at least some of the criteria to be considered for PHEIC status. Surely, technocratic considerations of spread, health impact, and possible economic disruption (the three factors outlined in the IHR's decision-making apparatus for possible PHEIC nomination) are at play, at least in determining (or justifying) what makes it to the IHR EC stage.

Figure 1

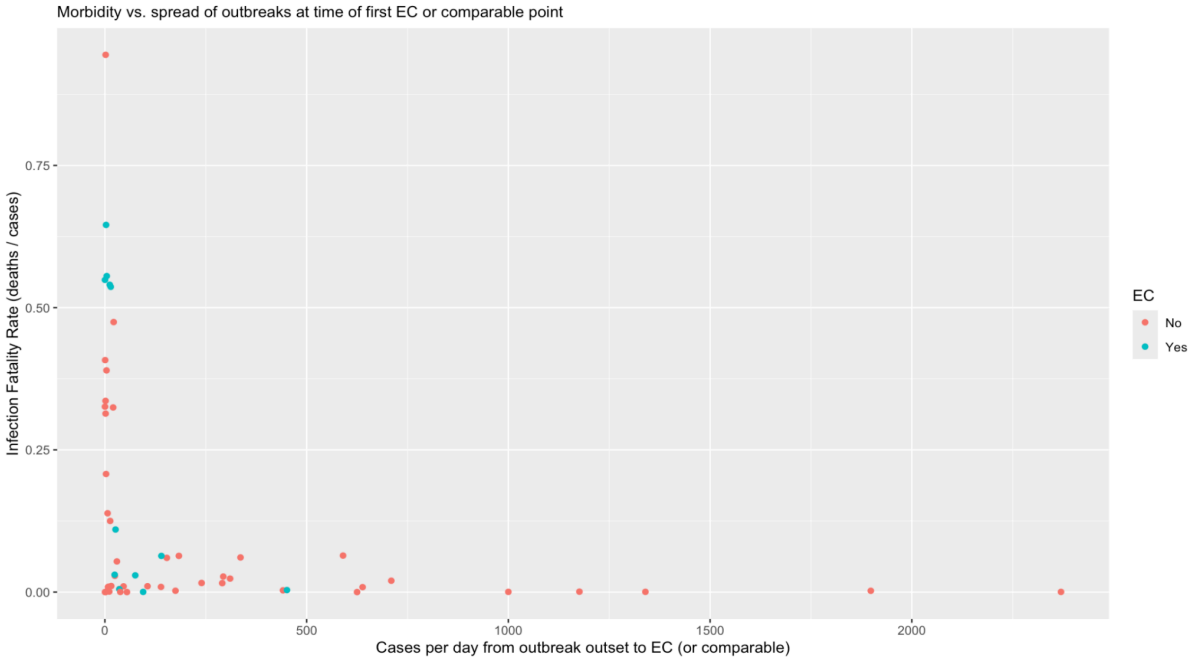


Figure 1 shows a scatterplot of two variables that broadly approximate the kind of epidemiological data the DG would consider, spread and morbidity of a disease, when they were deciding which of the 58 major outbreaks since 2007 were to be sent to an IHR EC for consideration.[29] Note that the outbreaks that received ECs are not all major outliers here – many disease outbreaks since the IHR (2005) came into effect in 2007 have had the sort of case counts,

[29] Figure 1 plots 56 of 58 major outbreaks since 2007 (excluding two Dengue outbreaks that massively skew the x axis and did not receive ECs), based on a novel dataset collecting outbreak cases and death counts at the point of the first EC meeting for those that did receive ECs, and at comparable points for those which did not. The overall average time from outset to measurement point of the dataset sits at 129 days, close to the 137 day average for those 12 that did receive ECs.

spread, public health and economic impacts that would lead to a possible PHEIC consideration, yet never made it to an EC. Of those that did make it to an EC, their timing varies greatly, and doesn't seem to be effectively explained by epidemiological data.

Figure 2

DG Responsiveness vs. Spread: Days to EC vs Cases per day

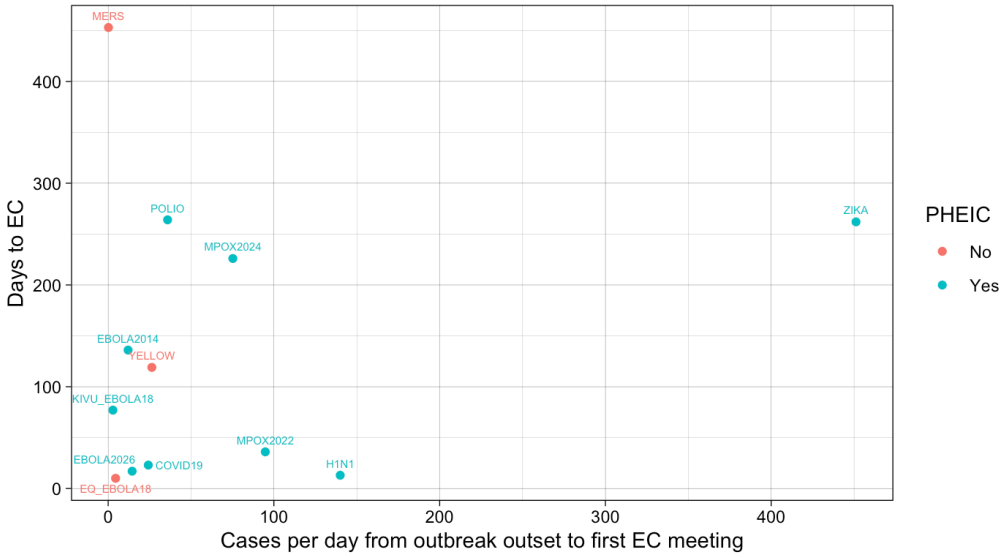
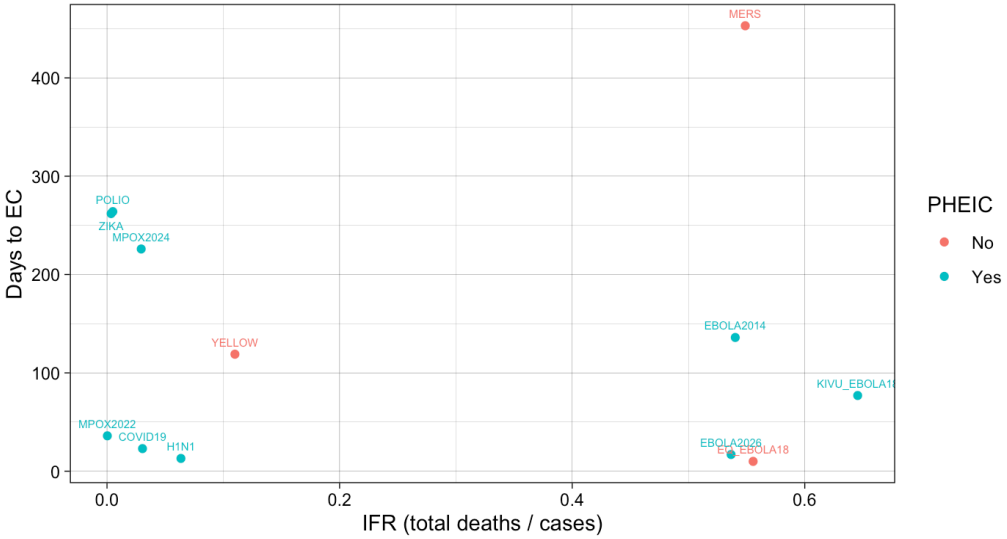


Figure 3

DG Responsiveness vs. Morbidity: Days to EC vs IFR*



*Infection Fatality Rate - total suspected deaths divided by suspected cases.

Figure 2 illustrates the variance in DG responsiveness via the time to form an EC after the outset of an outbreak compared to the "spread" of the disease as cases-per-day, while Figure 3 shows responsiveness vs. the "morbidity" of the disease via the Infection Fatality Rate (IFR), the total suspected deaths divided by total suspected cases. The speed with which ECs have been formed to address possible PHEICs has historically correlated neither with the spread of a disease, nor its relative deadliness, nor even a combination of the two. Something other than raw epidemiological data is at play in the WHO's response to global health emergencies: *reputation*.

It is not a novel observation to point out the odd variance in the WHO's handling of the PHEIC process, nor to propose that considerations other than technical data are affecting emergency decision-making within the organization. Much of the previous work on the PHEIC process has focused on the IHR EC as the point of study, attempting to find the "other" factor influencing these declarations. The most fruitful studies in this category have been those that interviewed former EC members directly, in turn revealing the large role that economic considerations[30] and explicitly political considerations[31] play during EC meetings. Because of its claims of independence, the EC is a natural point of intrigue for scholars of global health and politics more broadly, as it provides an opportunity to show that even experts might be influenced by politics.

Yet the EC is not the only part of the PHEIC process. Instead it functions more as a final filter or threshold, perhaps even just as a check on the DG's selections of possible PHEICs. Zooming out, the point of variation in which outbreaks are selected for ECs and how long they take to get to that point are all in the hands of the DG. Examining the factors that motivate the DG, and the way that their motivations coincide with or conflict with the ECs, can give a more complex and meaningful view of the politics at play in the PHEIC process as a whole.

Method / Overview:

In order to produce a workable picture of the effect of perceived reputation on the WHO's emergency process, we will track the reputational concern of the WHO from the point where the IHR (2005) came into effect and granted the organization the ability to make PHEIC

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[30] Alexandre I.R. White, *Epidemic Orientalism: Race, Capital, and the Governance of Infectious Disease*, Stanford UP, January 2023, pp. 209-216.

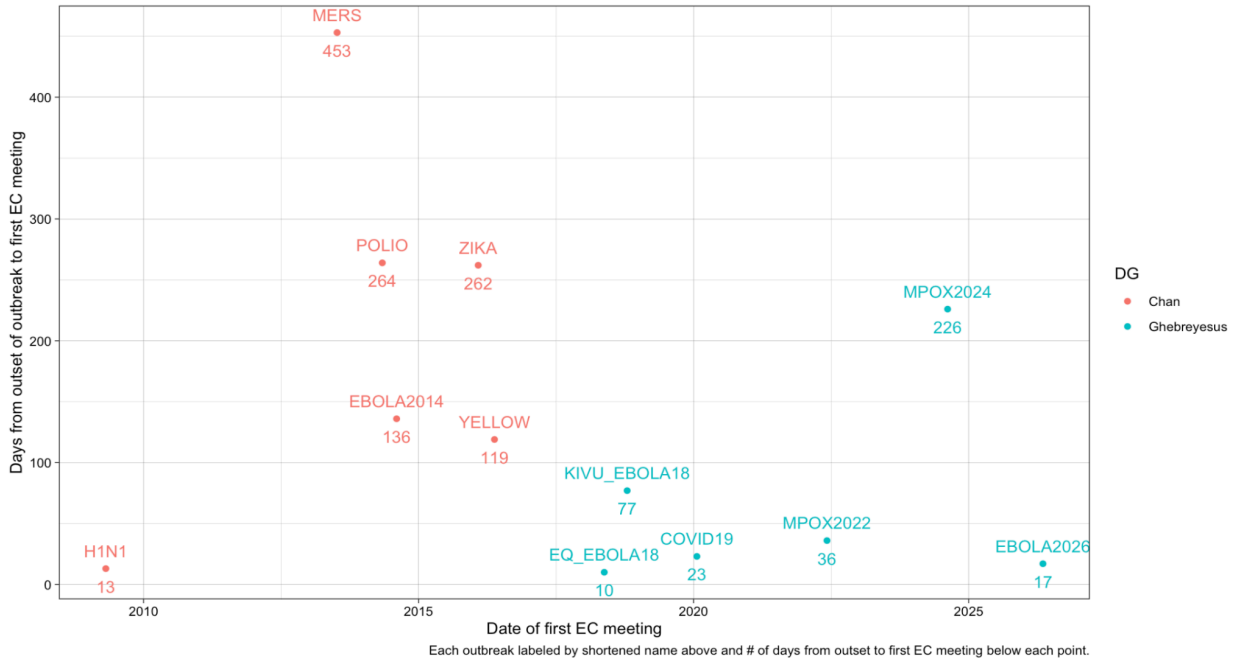
[31] Barbara Frossard Pagotto and Mark Eccleston-Turner, "The Politics of Public Health Emergencies of International Concern," *Global Studies Quarterly* 4, no. 4 (2024): ksae083. doi.org/10.1093/isagsq/ksae083.

declarations, to the present. The analysis will center on the WHO, but will focus on the performance of the organization's DG as they lead the PHEIC process and react to external critique and praise.

If the Director-General of the WHO is concerned with maximizing the authority of the organization via its reputation, then we should observe the DG making choices with respect to the PHEIC process to either increase or protect the WHO's perceived reputation. Because these actions are truly global, it is difficult to pin down a particular audience that the DG might be concerned with. While media attention to global outbreaks raises the potential for concerned parties to be nearly anyone who is paying attention to global affairs, it is unclear how much influence the average person could have on the WHO (if any at all). At a minimum, politicians and diplomats of WHO member-states as well as influential actors in the global health space could be considered the audience of primary concern. It is possible that perceived audiences could shift depending on the DG and their respective routes of information gathering and influence.

Figure 4

DG responsiveness by days delayed between outbreak outset and first IHR EC meeting



There have been two DGs since the PHEIC was created, with observably different approaches and operating under different reputational conditions. Figure 4 shows all 12

outbreaks that have been sent to IHR ECs for PHEIC consideration since the IHR (2005) came into effect in 2007, beginning with H1N1 in 2009 and ending with the most recent in May of 2026, the Ebola Bundibugyo outbreak in Central Africa. Under Dr. Margaret Chan (here colored red), the average time from outbreak outset to the first IHR EC meeting was 208 days (median 199), whereas under Tedros Ghebreyesus (blue) the average has been 65 days (median 30). Dr. Chan was the first DG to have the power to declare a PHEIC, while Ghebreyesus gained both the power and the mandate to improve upon his predecessor's application. There is something separating the actions of the two DGs, beyond epidemiological and economic data.

The reputational conditions and the approaches that each WHO leader took in response to new outbreaks are notably and noticeably different, and will be borne out over the course of the analysis. As such, a natural point of separation among the cases is between the two DGs. Two macro-cases will focus on the tenures of Dr. Margaret Chan and Tedros Adhanom Ghebreyesus, respectively. Each macro-case will track the interaction between the WHO/DG and reputational concerns, with a primary sub-case in each that marks a particularly impactful point shaping and defining that DG's tenure. For Dr. Chan, H1N1 takes center-stage and criticism of the WHO's response reverberates through the remainder of her time with the organization. As such, we will examine H1N1 and then its aftermath. For Ghebreyesus, Mpox 2022 marks a point of immense change in the way DGs are able and willing to use the PHEIC process, motivated by the effects the normal IHR EC process was having on the organization's reputation. As such, we will examine the buildup of frustration up until Mpox 2022, the primary case of Mpox 2022, and then examine what followed in order to analyze whether the unprecedented actions taken in 2022 were a one-off or the start of a new sort of power for the DG, and example of institutional ratcheting.

Margaret Chan: The first DG to use the PHEIC

When Dr. Margaret Chan was elected to the role of Director-General in November 2006, the WHO was on the precipice of major change. The IHR (2005) were slated to come into effect just a year later in the summer of 2007, motivated and catalyzed by the 2002-2004 outbreak of SARS-CoV-1, a novel respiratory virus that had taken hold in China and spread to several

countries in Asia and across the world, resulting in hundreds of deaths[32] and a major global health scare. The limited capacity of the WHO to respond to this crisis, as well as the Chinese government's attempts to delay reporting,[33] led directly to the increased surveillance capacities, reporting requirements, and PHEIC process detailed in the new IHR.[34]

Chan's election, too, was directly related to fears of a new and deadly respiratory virus. Her reputation for handling both the 1997 H5N1 Bird Flu outbreak and her actions during the SARS outbreak while acting as the Director of Health in Hong Kong led her to be a natural choice to implement the post-SARS reforms outlined in the IHR (2005).[35] The stage was set for Chan to manage the next outbreak, and use the new tools available to the WHO.

H1N1 "Swine Flu"

In many ways, the H1N1 outbreak was a perfect test case for the new PHEIC powers, and a perfect storm for an over-reaction. Dr. Margaret Chan had been selected partly for her experience responding to flu and SARS amid growing fears of avian-influenza outbreak potential, and had been leading the charge since her election in raising awareness and pushing countries to develop readiness plans, warning of the potential for a future influenza pandemic, bird-flu or otherwise.[36] Influenza fears motivated large investments in the WHO and other readiness research and preparation programs from member-nations, donors, and other stakeholders, totalling some $4.3B between just 2005 and 2009.[37]

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[32] "Summary of probable SARS cases with onset of illness from 1 November 2002 to 31 July 2003," *World Health Organization*, July 24, 2015, https://www.who.int/publications/m/item/summary-of-probable-sars-cases-with-onset-of-illness-from-1-november-2002-to-31-july-2003.

[33] Elisabeth Rosenthal and Lawrence K. Altman, "China Raises Tally of Cases and Deaths in Mystery Illness," *The New York Times*, March 27, 2003. Archived at: https://web.archive.org/web/20090506004415/https://www.nytimes.com/2003/03/27/world/china-raises-tally-of-cases-and-deaths-in-mystery-illness.html.

[34] Michael G. Baker and David P. Fidler, "Global Public Health Surveillance under New International Health Regulations," *Emerging Infectious Diseases* 12, no. 7 (2006): 1058-1065. https://wwwnc.cdc.gov/eid/article/12/7/05-1497_article.

[35] "Dr Margaret Chan nominated to be WHO Director-General," *World Health Organization*, November 8, 2006. https://www.who.int/news/item/08-11-2006-dr-margaret-chan-nominated-to-be-who-director-general.

[36] John Zarocostas, "New WHO chief urges member states to step up efforts for flu pandemic," *The BMJ* 334, no. 7584 (2006): 61. https://pmc.ncbi.nlm.nih.gov/articles/PMC1767312/.

[37] Adam Kamradt-Scott, "Changing Perceptions: of Pandemic Influenza and Public Health Responses," *American Journal of Public Health* 102, no. 1 (2012): 90-98. https://pmc.ncbi.nlm.nih.gov/articles/PMC3490545/.

This concern was not isolated to global-health spaces, and extended well into domestic politics and popular culture. The U.S. Congressional Budget Office ordered a review[38] of the possible economic impacts of an avian flu outbreak that made news[39] for its massive estimates of up to 81 million potential worldwide deaths. Across the world, health and agricultural agencies and industry culled and isolated livestock in attempts to curb the potential spread of avian-borne illness.[40] In the U.S., "bird-flu" fears inspired multiple TV-thriller-movies during this period,[4142] and the U.K. based recording artist M.I.A. released a track titled "Bird Flu" in 2007 as a buzz-building single while promoting her second album, *Kala*.[43] UNICEF ran PSAs in 2006 featuring the actor Jackie Chan explaining how to protect children and families from possible avian-influenza infections.[44] From experts to everyday people, the threat of a deadly influenza outbreak was part of the global consciousness.

Pressure and visibility were high, and the potential for reputational gain was immense. Whatever major outbreak came next would be the first chance the WHO had ever had to put its new PHEIC capabilities to work, and to show the benefits of the IHR (2005) on the global stage. A proper response would establish the organization soundly as the issue-owner of global health emergencies. For the DG, too, this would be the first major chance for her to show that she was the right person for the job, and that her experience managing influenza and SARS in Hong Kong had prepared her for a global pandemic response.

In March and April 2009, Mexican health officials began noticing higher-than-usual numbers of severe respiratory illness in the country, including an increased number of deaths.[45] The first confirmed case of H1N1 in Mexico dates to March 17, 2009, with the first confirmed

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[38] "A Potential Influenza Pandemic: Possible Macroeconomic Effects and Policy Issues," *Congressional Budget Office*, July 27, 2006. https://www.cbo.gov/sites/default/files/109th-congress-2005-2006/reports/12-08-birdflu.pdf.
[39] "Flu pandemic could kill up to 81 million people," *NBC News*, December 21, 2006. https://www.nbcnews.com/health/health-news/flu-pandemic-could-kill-81-million-people-flna1c9473318.
[40] Nigel Williams, "Bird flu fears widen," *Current Biology* 16, no. 5 (2006): R139-R140. https://doi.org/10.1016/j.cub.2006.02.047.
[41] Ira Flatow, "Talk of the Nation: Film Portrays Bird Flu Outbreak in U.S.," *NPR*, May 12, 2006. https://www.npr.org/2006/05/12/5401179/film-portrays-bird-flu-outbreak-in-u-s.
[42] "Bird Flu Horror," *IMDB*. https://www.imdb.com/title/tt1282045/.
[43] Tim Jonze, "MIA's Bird Flu: the most prescient pop song ever," *The Guardian*, February 6, 2007. https://www.theguardian.com/music/musicblog/2007/feb/06/miasbirdfluthemostprescie.
[44] "UNICEF: Jackie Chan co-stars in avian flu awareness PSA," *UNICEF* via *Youtube*.com. https://www.youtube.com/watch?v=NdOkV1l4pO0.
[45] Donald G. McNeil, Jr., "Flu Outbreak Raises a Set of Questions," *The New York Times*, April 26, 2009. https://www.nytimes.com/2009/04/27/health/27questions.html.

case on the U.S. side of the border just 11 days later on March 28th.[46] The Mexican government made its first official report of the outbreak to the WHO's regional Pan-American Health Organization (PAHO) office on April 12th,[47] and WHO Director-General Margaret Chan formed an IHR EC just 13 days later on April 25th.[48] This first-ever IHR EC, though noting a significant lack of adequate data, decided to recommend a PHEIC declaration, and this advice was followed by the DG.[49]

What followed was a response that mirrored this haste, largely accomplishing the sort of large-scale global response that the IHR (2005) had set out to enable, and that the past 4 years of pressure had been building up to. The WHO moved quickly to establish guidelines, aided in developing the first vaccine candidates just one month after the declaration, and ultimately provided direct support across member nations and distributed over 3 million retroviral drug doses to 72 countries.[50] Within just 6 months of the PHEIC declaration, the first doses of approved H1N1 vaccines were already being administered in the U.S.[51]

In many ways, the global response to H1N1 was a massive success. The PHEIC had worked as designed, allowing the WHO to quickly coordinate states and non-state actors across the globe and utilize resources to develop vaccines and distribute lifesaving drugs. But with this speed, and being the first-ever PHEIC, came a number of failures and growing-pains, the first of which began with a simple naming scheme. Intending to avoid labeling the disease for its location, the WHO opted not to call the outbreak something like "Mexican Flu" and instead opted for "Swine Flu," a decision which led massive trade disruptions in the global pork industry

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[46] Robert Roos, "Mexico's first swine flu case surfaced in mid-March," *CIDRAP News*, May 1, 2009. https://www.cidrap.umn.edu/h1n1-2009-pandemic-influenza/mexicos-first-swine-flu-case-surfaced-mid-march.

[47] Ying-Hen Hsieh, et. al, "Early Outbreak of 2009 Influenza A (H1N1) in Mexico Prior to Identification of pH1N1 Virus," *PLoS One* 6, no. 8 (2011): e23853. https://doi.org/10.1371/journal.pone.0023853.

[48] "Swine influenza: Statement by WHO Director-General, Dr Margaret Chan 25 Apr 2009," *World Health Organization*, April 25, 2009. https://reliefweb.int/report/mexico/swine-influenza-statement-who-director-general-dr-margaret-chan-25-apr-2009.

[49] "Swine influenza: Statement by WHO Director-General, Dr Margaret Chan 25 Apr 2009," *WHO.*

[50] Harvey V. Fineberg, "Pandemic Preparedness and Response — Lessons from the H1N1 Influenza of 2009," *The New England Journal of Medicine* 370, no. 14 (2014): 1335-1342. https://www.nejm.org/doi/full/10.1056/NEJMra1208802.

[51] "2009 H1N1 Pandemic Timeline," *U.S. Centers for Disease Control and Prevention*, May 8, 2019. https://archive.cdc.gov/www_cdc_gov/flu/pandemic-resources/2009-pandemic-timeline.html.

and related sectors,[52] and the unnecessary mass-slaughter of pigs in several countries.[53] While this would eventually be changed to "influenza A(H1N1),"[54] in common parlance and media usage, the new name was flatly rejected.[55]

In keeping with the procedures for many of the WHO's other independent committees, the first-ever IHR EC had also been kept anonymous, except for the committee's chair.[56] This anonymity, in combination with the fact that many of the committee members were found to have unreported ties to the pharmaceutical companies that developed H1N1 vaccines (and the relatively low[57] morbidity of the outbreak), led many to suspect that financial or professional motivations of EC members had caused an overly-hasty PHEIC recommendation and a WHO push for unnecessary vaccine orders.[58] Efforts by the WHO to fight these rumors seemed to fall flat, as influential politicians were still making these claims well into 2010.[59]

Whether these accusations were true or not, the damage was done and the WHO and its DG were moved into a public-relations-management mode of action. Answering questions after her official press conference to announce the end of the H1N1 PHEIC, Dr. Chan staunchly defended the organization, insisting that the WHO had not over-reacted to the H1N1 outbreak, but also acknowledged that there were lessons to be learned from the first ever use of these powers, particularly in improving communications coming out of the organization.[60]

Prior to this point, the DG had proactively called for a review committee in January 2010 to look over this first implementation of the IHR (2005) in the H1N1 PHEIC. This committee

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[52] Michael Maslansky, "What the Pork Industry Must Do About The Swine Flu Scare," *Forbes*, May 6, 2009. https://www.forbes.com/2009/05/06/swine-flu-pork-leadership-managing-pandemic.html.
[53] Nadim Audi, "Culling Pigs in Flu Fight, Egypt Angers Herders and Dismays U.N.," *The New York Times*, April 30, 2009. https://www.nytimes.com/2009/05/01/health/01egypt.html.
[54] Denise Grady, "W.H.O. Gives Virus a Name That's More Scientific and Less Loaded," *The New York Times*, April 30, 2009, https://www.nytimes.com/2009/05/01/health/01name.html.
[55] Alicia C. Shepard, "Why Does NPR Continue to say 'Swine Flu?'" *NPR*, May 6, 2009. https://www.npr.org/sections/publiceditor/2009/05/06/103884765/why-does-npr-continue-to-say-swine-flu.
[56] Robert Roos, "WHO says H1N1 pandemic is over," *CIDRAP News*, August 10, 2010. https://www.cidrap.umn.edu/avian-influenza-bird-flu/who-says-h1n1-pandemic-over.
[57] Richard Knox, "2009 Flu Pandemic Was 10 Times More Deadly Than Previously Thought," *NPR*, November 26, 2013. https://www.npr.org/sections/health-shots/2013/11/26/247379604/2009-flu-pandemic-was-10-times-more-deadly-than-previously-thought.
[58] "BMJ: WHO swine flu advisers had drug company ties," *TIME*, June 4, 2010. https://time.com/archive/7144627/bmj-who-swine-flu-advisers-had-drug-company-ties/.
[59] Martin Enserink, "Facing Inquiry, WHO Strikes Back at 'Fake Pandemic' Swine Flu Criticism," *Science*, January 14, 2010. https://www.science.org/content/article/facing-inquiry-who-strikes-back-fake-pandemic-swine-flu-criticism.
[60] Roos, "WHO says H1N1 pandemic is over," *CIDRAP News*.

met several times between 2010 and 2011, ultimately delivering their findings to the WHO, its Executive Board, and the WHA in the form of a final report.[61] While the report was largely complementary to the WHO, it did acknowledge several pieces of criticism as worthwhile for consideration. The PHEIC response had failed, according to the review committee, mostly in how information was communicated and shared by the WHO, including confusing standards for pandemic staging and issues with EC anonymity and conflict-of-interest declarations (or lack thereof).[62]

Aftermath: Operating in the Shadow of H1N1

In the wake of H1N1, the WHO's behavior with regard to global health emergencies greatly shifted. Reeling from the reputational losses of the first PHEIC, Dr. Chan took a far more conservative approach for the remainder of her tenure as DG, somewhat-avoiding major outbreaks until necessary, and taking significantly longer to create IHR ECs for PHEIC consideration.

In the first few years after H1N1, the PHEIC process was used conservatively, if at all. In 2010, after the Haitian earthquake disaster, a massive outbreak of cholera, a disease that is explicitly highlighted as a must-consider in the PHEIC decision-making apparatus,[63] did not receive an IHR EC. Until the outbreak in Yemen 6 years later, the Haitian Cholera outbreak was possibly the largest on record, affecting over 800,000 people total, and remains likely the deadliest, having killed approximately 10,000 people[64] (while the Yemeni outbreak achieved a total of over 2.5 million cases by December 2020, there had been just under 4,000 deaths recorded,[65] a case-fatality-rate nearly 8 times lower). For the WHO, the reputational risk of declaring a PHEIC for the Haitian Cholera outbreak was simply too high. Not only was the

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[61] "Implementation of the International Health Regulations (2005): Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009," *World Health Organization*, May 5, 2011. http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf?ua=1.
[62] "Implementation of the International Health Regulations (2005)," *World Health Organization*.
[63] "International Health Regulations (2005)," *World Health Organization*. See Annex 2, "DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN." https://www.who.int/publications/i/item/9789241580496.
[64] Elizabeth C. Lee, et. al, "Achieving coordinated national immunity and cholera elimination in Haiti through vaccination: a modelling study," *Lancet Global Health* 8, no. 8 (2020): e1081–e1089. https://doi.org/10.1016/S2214-109X(20)30310-7.
[65] "Cholera situation in Yemen, December 2020," *World Health Organization*, February 16, 2021. https://reliefweb.int/report/yemen/cholera-situation-yemen-december-2020.

WHO still reeling from the perceived failures of H1N1 just before, but it was soon discovered that the Cholera outbreak was caused by the mishandling of waste by UN peacekeepers in the country, a fact which the UN leadership was actively attempting to downplay (or possibly even hide).[66] To declare Haiti's cholera outbreak a PHEIC would have risked not just re-opening the wounds of H1N1, but also the ire of the UN and its Secretary-General Ban Ki-Moon.

When Dr. Chan did next create an IHR EC, it was heavily delayed. Middle-East Respiratory Syndrome, or MERS, is a highly deadly infection caused by the coronavirus MERS-CoV, in a sense similar to those that led to the 2002 SARS outbreak and which would eventually lead to the COVID-19 pandemic. MERS was first described in early 2012 as clusters of cases were noted and tested in Jordan, Saudi Arabia, and the UK.[67] As a novel coronavirus, especially one which was noted to kill in large proportions of confirmed cases, MERS was a clear pick for the next major outbreak event. And yet, the response was nowhere near fast. In fact, while MERS did get an IHR EC, it took well over a year – 453 days – from the first reports of the disease out of Jordan to the first meeting of the EC.[68] The EC did not recommend a PHEIC, but did suggest more meetings, again and again, for a total of 10 meetings stretching from July 2013 to September 2015.[69] It should be noted that while the IHR ECs are intended to be groups of independent expert advisors, they are hand-picked by the DG. Thus, this kind of conservative but still-concerned extended surveillance of MERS might suggest a hesitancy inherited by the EC from the DG, particularly in the case of a disease that, while quite deadly, was not spreading particularly fast.

One year after calling an EC to review MERS, Dr. Chan again took action, this time in response to Poliovirus. Limited international spread of wild-type polio was occurring between known reservoirs of the disease and areas in which the disease was not normally known to be endemic, leading to concerns that increased air-travel and trade could lead to global spread of the

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[66] Ralph R. Frerichs, *Deadly River: Cholera and Cover-Up in Post-Earthquake Haiti*, Cornell UP, May 1, 2016.
[67] "WHO MERS global summary of novel coronavirus infection – as of 25 April 2013," *World Health Organization*, April 25, 2013. https://www.who.int/publications/m/item/who-mers-global-summary-of-novel-coronavirus-infection-as-of-25-april-2013.
[68] "Middle East respiratory syndrome coronavirus (MERS-CoV)," *World Health Organization*, July 9, 2013. https://www.who.int/news/item/09-07-2013-middle-east-respiratory-syndrome-coronavirus-(mers-cov).
[69] "WHO statement on the tenth meeting of the IHR Emergency Committee regarding MERS," *World Health Organization*, September 03, 2015. https://www.who.int/news/item/03-09-2015-who-statement-on-the-tenth-meeting-of-the-ihr-emergency-committee-regarding-mers.

virus.[70] Again, however, there was an issue of delay. The non-endemic spread of poliovirus in the Horn of Africa had reached an early peak by August 14, 2013, with Somalia reporting 105 confirmed cases (all confirmed cases of polio *are* severe cases).[71] The first meeting of the poliovirus EC, however, did not occur until 264 days later on May 05, 2014, just a few months before the final case of polio was reported in Somalia on August 11th.[72] While the African spread of the virus was not the only point of concern noted by the WHO, it *was* the first, and was used as justification for the PHEIC recommendation by the IHR EC and the subsequent declaration by the DG.

Further, polio marked a change in the WHO's strategy from solely pursuing outbreaks with pandemic potential to instead using the PHEIC as a mechanism to increase ownership of known diseases with well understood threats and available treatments. Polio is by no means new, has long had an effective prophylactic vaccine, and has been known to remain endemic to particular countries. In declaring the 2014 Polio PHEIC, the WHO was announcing not just an attempt to curb the spread of polio outside of these endemic areas, but in fact an extended campaign against poliovirus within the endemic areas themselves as, "If unchecked, this situation could result in failure to eradicate globally one of the world's most serious vaccine preventable diseases."[73] Post-hoc interviews with members of the initial polio IHR ECs confirmed that there was an understanding among committee members that this was an unorthodox use of the PHEIC: "it was a more political decision because if you want, the trigger was the very concrete risk that we would lose control over … polio."[74]

Compared to the flu and SARS concerns that drove the creation of the IHR (2005), using the PHEIC process to reinforce global management of a known threat marks a notable change in policy, and one which allowed for a concrete expansion of authority during a period of increased

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[70] "WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus," *World Health Organization*, May 05, 2014. https://www.who.int/news/item/05-05-2014-who-statement-on-the-meeting-of-the-international-health-regulations-emergency-committee-concerning-the-international-spread-of-wild-poliovirus.

[71] Samuel Okiror, et. al, "Polio Outbreak Investigation and Response in The Horn of Africa: 2013-2016," *Journal of Immunological Sciences* Special Volume 2 (2021): 12-19. https://pmc.ncbi.nlm.nih.gov/articles/PMC7610730/.

[72] "Polio outbreak in Somalia officially over," *Global Polio Eradication Initiative*, October 23, 2015. https://polioeradication.org/news/polio-outbreak-in-somalia-officially-over/.

[73] "WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus," *World Health Organization*.

[74] Barbara Frossard Pagotto and Mark Eccleston-Turner, "The Politics of Public Health Emergencies of International Concern," Global Studies Quarterly 4, no. 4 (2024): 9. doi.org/10.1093/isagsq/ksae083.

reputational risk. Whether intentional or not, this likely marks the first use of the PHEIC to create a ratchet effect through a definite "authority-leap"; the definition of the PHEIC was stretched with the justification of providing polio prevention to those in need. The expansion of scope that occurred with the successful declaration of Polio greatly widened the definition of crises that could be considered for emergency designation, and established grounds for the management of outbreaks of endemic diseases as part of the WHO's responsibility. Polio has remained a permanent PHEIC since its declaration in 2014, through both the remainder of Dr. Chan's tenure as DG and the entirety of Tedros Adhanom Ghebreyesus' tenure thus far, its IHR EC having now met for the 44th time as of January 14, 2026.[75]

Concurrent with the emergence of the polio PHEIC declaration, a true epidemic was building in West Africa. An unusual outbreak of ebolavirus began in December 2013 in Guinea, officially reported to the WHO by the Guinean government in late March when the disease began spreading internationally to Liberia and Sierra Leone.[7677] 4 years post-H1N1, the reputational risks toward the WHO had relaxed slightly, and the DG had successfully tested the waters earlier in the year with the Polio PHEIC. Still, some conservatism persisted, and the first IHR EC met a full 136 days after the initial Guinea outbreak report.[78] It would soon come to light that these delays, rather than being predicated *entirely* on a conservative mode of operation, were caused in part by a mass of incompetence and inefficiency in the organization's response to the outbreak. In an October 2014 Bloomberg interview, Dr. Chan acknowledged that her advisers had not been adequately advising her, and that as late as June of that year, she was not "fully informed of the evolution of the outbreak."[79]

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[75] "Statement of the Forty-fourth Meeting of the Polio IHR Emergency Committee," *World Health Organization*, March 4, 2026. https://www.who.int/news/item/04-03-2026-statement-of-the-forty-fourth-meeting-of-the-polio-ihr-emergency-committee.

[76] "Previous Updates: 2014 West Africa Outbreak; March 25, 2014 – Initial Announcement," *US Centers for Disease Control and Prevention*, March 25, 2014. Archived at https://web.archive.org/web/20150924145040/http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/previous-updates.html.

[77] "Disease Outbreak News: 2014 - Guinea," *World Health Organization*, March 25, 2014. https://www.who.int/emergencies/disease-outbreak-news/item/2014_03_25_ebola-en.

[78] "Statement on the 1st meeting of the IHR Emergency Committee on the 2014 Ebola outbreak in West Africa," *World Health Organization*, August 8, 2014. https://www.who.int/news/item/08-08-2014-statement-on-the-1st-meeting-of-the-ihr-emergency-committee-on-the-2014-ebola-outbreak-in-west-africa.

[79] Jason Gale and John Lauerman, "Ebola Spread Over Months as WHO Missed Chances to Respond," *Bloomberg*, October 16, 2014. https://www.bloomberg.com/news/articles/2014-10-16/who-response-to-ebola-outbreak-foundered-on-bureaucracy.

The 2014 Ebola Outbreak was, in more ways than one, a disaster. For the people on the ground in West Africa, it was a horribly deadly disease that ravaged communities and left entire countries in disarray, killing over 11,000 people in total.[80] The raw death number only tells a small portion of the story, however. The economies of West African countries were greatly depressed leading to reduced GDPs across the board and hundreds of thousands facing food insecurity, and the reduction in the availability of health care for other diseases (due to re-allocation to contain ebola) led to the deaths of thousands.[81]

For the WHO, it was a spectacular failure of global health emergency management, one that left many wondering if the agency was up to the task in the first place, with numerous independent review boards coming to the conclusion that major change was necessary for the organization.[82] Leaked memos from the WHO indicated that there was widespread internal understanding that "nearly everyone involved in the outbreak response failed to see some fairly plain writing on the wall," [83] and by early 2015, post-mortems and official announcements by Dr. Chan acknowledged a distinct need for improvement, with Ebola having exposed "inadequacies and shortcomings" in the organization's structure and function.[84]

Again, the reputation of the WHO had been tarnished, and again Dr. Chan retreated to a more conservative mode of operation. Beginning in 2014 and through 2015, the Zika virus was essentially allowed to propagate throughout the Amazon, causing thousands of infections,[85] despite not being endemic to the area. until suspicions emerged that increased rates of infant microcephaly could be associated with infection. The IHR EC first met on February 1, 2016 and immediately recommended a PHEIC declaration, a full 262 days after the Brazilian government

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[80] "Situation Report: Ebola Virus Disease," *World Health Organization*, June 10, 2016. http://apps.who.int/iris/bitstream/10665/208883/1/ebolasitrep_10Jun2016_eng.pdf.
[81] Caroline Huber, Lyn Finelli, and Warren Stevens, "The Economic and Social Burden of the 2014 Ebola Outbreak in West Africa," *The Journal of Infectious Diseases* 218, no. (Supplement) 5 (2018): S698-S704. https://doi.org/10.1093/infdis/jiy213.
[82] Adam Kamradt-Scott, "WHO's to blame? The World Health Organization and the 2014 Ebola outbreak in West Africa," Third World Quarterly 38, no. 3 (2016): 401-418 [409-410]. https://doi.org/10.1080/01436597.2015.1112232.
[83] Maria Cheng, "UN: We botched response to the Ebola outbreak," *Associated Press*, October 17, 2014. https://apnews.com/general-news-6fd22fbcca0c47318cb178596d57dc7a.
[84] "Ebola: UN health agency urges better global preparedness against future outbreaks," *UN News*, January 25, 2015. https://news.un.org/en/story/2015/01/489252.
[85] "Rapid Risk Assessment: Zika virus infection outbreak, Brazil and the Pacific region, 26 May 2015," *European Centre for Disease Prevention and Control*, May 26, 2016. https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-zika-virus-infection-outbreak-brazil-and-pacific-region-26.

notified the WHO of large quantities of zika infections on May 15, 2015.[8687] Of course, these newfound epidemiological curiosities were not the only motivators for this decision. Though the IHR EC and DG did not note it in their explanation, the 2016 Olympics were later that year in Rio de Janeiro. While the reputation of the WHO was in a bad place following 2014 Ebola, ignoring an outbreak of a birth-defect-causing disease at the site of the Olympics would have been untenable.

Perhaps the most confusing piece of Dr. Chan's interaction with the IHR (2005) system, however, was the final outbreak that she created an EC for: the 2016 yellow fever outbreak in Angola and the Democratic Republic of the Congo (DRC). The outbreak was unusual in scale, but occurred within an endemic region, and did not seem to have the capacity for major international spread or disruption of travel or trade, the other two pillars of the PHEIC decision-making instrument. Further, while the DG would later openly argue that the resurgence of yellow fever in this 2016 outbreak required a strong response and was an indicator of the possible horrors of mosquito-borne illness,[88] the crisis at hand was not even the first major outbreak of Yellow Fever in Africa in the decade. Just 4 years prior, the 2012 Darfur, Sudan outbreak had claimed the title of the largest and deadliest yellow fever outbreak in over 20 years.[89] In the first meeting of the IHR EC on Yellow Fever 2016, the committee declined to recommend a PHEIC, noting that the event did not meet the criteria, but was concerning and warranted a response.[90] The committee re-affirmed their decision at the second and final meeting in August of that year.[91]

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[86] "Rapid Risk Assessment" *European Centre for Disease Prevention and Control*, May 26, 2016.
[87] "WHO Director-General summarizes the outcome of the Emergency Committee regarding clusters of microcephaly and Guillain-Barré syndrome," *World Health Organization*, February 1, 2016. https://www.who.int/news-room/detail/01-02-2016-who-director-general-summarizes-the-outcome-of-the-emergency-committee-regarding-clusters-of-microcephaly-and-guillain-barr%C3%A9-syndrome.
[88] Margaret Chan, "Yellow fever: the resurgence of a forgotten disease," *World Health Organization*, May 30, 2016. Archived at https://web.archive.org/web/20160531113852/http://www.who.int/mediacentre/commentaries/yellow-fever/en/.
[89] Thomas M. Yuill, et. al, "Latest outbreak news from ProMED-mail. Yellow fever outbreak—Darfur Sudan and Chad," *International Journal of Infectious Diseases* 17, no. 7 (2013): e476-e478. https://www.ijidonline.com/article/S1201-9712(13)00138-0/fulltext.
[90] "Meeting of the Emergency Committee under the International Health Regulations (2005) concerning Yellow Fever," *World Health Organization*, May 19, 2016. https://www.who.int/news/item/19-05-2016-meeting-of-the-emergency-committee-under-the-international-health-regulations-(2005)-concerning-yellow-fever.
[91] "Second meeting of the Emergency Committee under the International Health Regulations (2005) concerning yellow fever," *World Health Organization*, August 31, 2016.

One possible explanation for the decision to highlight this particular outbreak could simply be that the DG had strong personal feelings about it, and that she knew that she was about to retire in 2017. Dr. Chan's decision to write a commentary piece urging action *after* the first EC meeting ended without advising a PHEIC declaration may even suggest that, while she was determined to follow the recommendations of the EC, she disagreed with their assessment of the situation. In lieu of a mechanism to bypass the EC, Dr. Chan's final IHR EC closed with a "no."

Tedros Adhanom Ghebreyesus: The second PHEIC DG

The 2017 election of the successor to Director-General Margaret Chan was competitive, split between three highly-qualified candidates. While Dr. Tedros Ghebreyesus of Ethiopia and Dr. David Nabarro of the UK focused on the importance of universal healthcare in their candidacy platforms and shied away from addressing the WHO's global standing, Dr. Sania Nishtar, a Pakistani Cardiologist, established the reputational stakes for the WHO quite bluntly. Speaking with the BBC in March 2017, she highlighted the importance of "regaining the WHO's primacy," particularly after the heavy criticism it received in the wake of the 2014 Ebola outbreak.[92]

By the time of the World Health Assembly elections in May, the other candidates had changed their tune to reflect the reputational priorities of the WHO. In his final address prior to the WHA vote, Dr. Ghebreyesus made specific reference to the need for the organization to be capable of "rapidly and effectively" responding to global health emergencies.[93] In his acceptance speech the same day, Ghebreyesus promised a more "effective, efficient and accountable" version of the WHO,[94] expressing interest in reforming the organization and emphasizing the necessity of "urgency" in global health emergency response (while also appealing to member nations to better-equip the WHO via increased funding).[95] Having achieved an overwhelming

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https://www.who.int/news/item/31-08-2016-second-meeting-of-the-emergency-committee-under-the-international-health-regulations-(2005)-concerning-yellow-fever.

[92] Tulip Mazumdar, "Wanted: Top doctor to care for 7 billion people," *BBC*, March 21, 2017. https://www.bbc.com/news/health-39973940.

[93] Tulip Mazumdar, "Tedros Adhanom Ghebreyesus: Ethiopian wins top WHO job," *BBC*, May 23, 2017. https://www.bbc.com/news/health-40010522.

[94] Brian W. Simpson, "It's Tedros!" *Global Health Now*, May 24, 2017. https://globalhealthnow.org/2017-05/its-tedros.

[95] William New, "Tedros Warms Up To Press In First Meeting, Sees Clear Mandate In 'Landslide' Victory," *Health Policy Watch*, May 24, 2017. https://healthpolicy-watch.news/tedros-warms-press-first-meeting-sees-clear-mandate-landslide-victory/.

majority with 133 of 185 possible votes, Ghebreyesus did not shy away from claiming a mandate, arguing that it granted him "legitimacy" heading into his first term.[96]

Frustration: Building Up to a Major Change

True to his word, the new DG quickly showed the responsiveness he had promised. On May 8, 2018, the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola in Equateur Province, noting 34 suspected cases and 18 deaths.[97] The first IHR EC for the outbreak met just 10 days later on May 18, 2018,[98] prompting praise and positive comparison to the failures of 2014 Ebola.[99] It was the first and only time that this IHR EC met, as they did not recommend a PHEIC for the Equateur outbreak and did not see fit to revisit the matter, partially owing to the successful deployment of the first ever vaccines for Zaire ebolavirus.[100]

Just three months later, a second Ebola outbreak was reported to the WHO, this time from the opposite side of the DRC in North Kivu Province.[101] 77 days later, the IHR EC for the Kivu Ebola outbreak met for the first time, choosing not to recommend a PHEIC.[102] Two more meetings came and went in April and June of 2019, still without recommending a PHEIC.[103][104]

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[96] William New, "Tedros Warms Up To Press In First Meeting, Sees Clear Mandate In 'Landslide' Victory," *Health Policy Watch*.
[97] "Ebola Virus Disease Democratic Republic of Congo: External Situation Report 01 (2018)," *World Health Organization*, May 11, 2018. https://iris.who.int/items/69308009-5def-4457-b923-cc958a4c945d.
[98] "Statement on the 1st meeting of the IHR Emergency Committee regarding the Ebola outbreak in 2018," *World Health Organization*, May 18, 2018. https://www.who.int/news/item/18-05-2018-statement-on-the-1st-meeting-of-the-ihr-emergency-committee-regarding-the-ebola-outbreak-in-2018.
[99] Maria Cheng, "After fumbling Ebola in 2014, Congo is key test for UN," *Associated Press*, May 18, 2018. https://apnews.com/article/bd3f2faeb96b4c3a9e6ccfb61ac6255b.
[100] "Disease Outbreak News: Ebola virus disease – Democratic Republic of the Congo," *World Health Organization*, May 21, 2018. https://www.who.int/emergencies/disease-outbreak-news/item/21-may-2018-ebola-drc-en.
[101] "Disease Outbreak News: Ebola virus disease – Democratic Republic of the Congo," *World Health Organization*, August 4, 2018. https://www.who.int/emergencies/disease-outbreak-news/item/4-august-2018-ebola-drc-en.
[102] "Statement on the October 2018 meeting of the IHR Emergency Committee on the Ebola virus disease outbreak in the Democratic Republic of the Congo," *World Health Organization*, October 17, 2018. https://www.who.int/news/item/17-10-2018-statement-on-the-meeting-of-the-ihr-emergency-committee-on-the-ebola-outbreak-in-drc.
[103] "Statement on the meeting of the International Health Regulations (2005) Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo on 12th April 2019," *World Health Organization*, April 12, 2019. https://www.who.int/news/item/12-04-2019-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-for-ebola-virus-disease-in-the-democratic-republic-of-the-congo-on-12th-april-2019.
[104] "Statement on the meeting of the International Health Regulations (2005) Emergency Committee for Ebola virus disease in the Democratic Republic of the Congo," *World Health Organization*, June 14, 2019.

Nearly a full year after the outbreak began, the IHR EC finally recommended a PHEIC declaration at their fourth meeting on July 17, 2019, having delayed the declaration by 277 days past the first meeting.[105] By this point, criticism of the WHO had been building, with experts describing the decision to repeatedly delay the declaration as "baffl[ing] and bewilder[ing]," noting obvious comparisons to the delays regarding Ebola 2014.[106]

Ghebreyesus pushed back against critiques of the 2018 Kivu Ebola EC, noting that the WHO had already mobilized resources, and some experts argued that, until this point, the usefulness of the PHEIC in this case could have been limited.[107] The outbreak was greatly complicated by the extreme political dynamics and near-constant conflict in the eastern provinces of the DRC where the cases were concentrated, including attacks on aid workers motivated by intense distrust.[108] While the WHO did not suffer the same kind of backlash that it had during Ebola 2014, the delays of the EC had opened the door for a familiar critique of unresponsiveness that Ghebreyesus had explicitly promised to address when he took office.

In December of the same year, reports of a new respiratory illness spreading in the city of Wuhan, China, started to make their way to the WHO. On December 31, 2019, the Chinese government officially reported a cluster of pneumonia of unknown cause to the WHO, isolating and identifying the offending pathogen 10 days later as a new, novel coronavirus.[109] A novel SARS coronavirus with zoonotic origins, spreading through China? – this was nearly as close to a rehash of SARS 2002, the disease that had inspired the PHEIC in the first place, as could be.

In 2018, the R&D blueprint team of the WHO had begun using a new term, "Disease X," to refer to the hypothetical next "unknown, novel pathogen," that would emerge and cause a

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https://www.who.int/news/item/14-06-2019-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-for-ebola-virus-disease-in-the-democratic-republic-of-the-congo.

[105] "Ebola outbreak in the Democratic Republic of the Congo declared a Public Health Emergency of International Concern," *World Health Organization*, July 17, 2019. https://www.who.int/news/item/17-07-2019-ebola-outbreak-in-the-democratic-republic-of-the-congo-declared-a-public-health-emergency-of-international-concern.

[106] Amy Maxmen and Sara Reardon, "World Health Organization resists declaring Ebola emergency — for third time," *Nature*, June 13, 2019. https://www.nature.com/articles/d41586-019-01893-1.

[107] Maxmen and Reardon, "World Health Organization resists declaring Ebola emergency — for third time," Nature.

[108] Oly Ilunga Kalenga, et. al, "The Ongoing Ebola Epidemic in the Democratic Republic of Congo, 2018–2019," *The New England Journal of Medicine* 381, no. 4 (2019): 373-383. https://doi.org/10.1056/nejmsr1904253.

[109] Alexandra L. Phelan, Rebecca Katz, and Lawrence O. Gostin, "The Novel Coronavirus Originating in Wuhan, China," *JAMA* 323, no. 8 (2020): 709-710. https://doi.org/10.1001/jama.2020.1097.

pandemic.[110] The newly emerging SARS-CoV-2, the virus that caused COVID-19, met the criteria of this Disease X nearly perfectly, with 282 confirmed cases in four different countries by January 20, 2020,[111] and many more suspected:

> Disease X, we said back then, would likely result from a virus originating in animals and would emerge somewhere on the planet where economic development drives people and wildlife together. Disease X would probably be confused with other diseases early in the outbreak and would spread quickly and silently; exploiting networks of human travel and trade, it would reach multiple countries and thwart containment. Disease X would have a mortality rate higher than a seasonal flu but would spread as easily as the flu. It would shake financial markets even before it achieved pandemic status.[112]

As the COVID-19 outbreak started to look more and more like a shoe-in for a PHEIC declaration, DG Ghebreyesus took swift action, convening the first IHR EC meeting on January 23, 2020, a mere 23 days after the first notification from China.[113] By this point the WHO was reporting 557 suspected cases in 4 countries, but in response to the outbreak of a novel SARS-type coronavirus quickly spreading internationally, the EC decided not to recommend a PHEIC, and instead wait for more information out of China.[114] One week and 11,500 new cases across a total of 18 countries later, the EC recommended that COVID-19 become a PHEIC.[115]

This 7-day delay in the world's response to the coming pandemic may or may not have had a meaningful impact on the material handling of the disease, but the reputational consequences were immense. A rumor propagated by the German magazine *Der Speigel* claimed

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[110] Peter Daszak, "We Knew Disease X Was Coming. It's Here Now." *The New York Times*, February 27, 2020. https://www.nytimes.com/2020/02/27/opinion/coronavirus-pandemics.html.
[111] "Novel Coronavirus (2019-nCoV): Situation Report - 1 (21 January 2020)," *World Health Organization*, January 20, 2020. https://reliefweb.int/report/china/novel-coronavirus-2019-ncov-situation-report-1-21-january-2020.
[112] Daszak, "We Knew Disease X Was Coming. It's Here Now." *The New York Times*.
[113] "Statement on the first meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)," *World Health Organization*, January 23, 2020. https://www.who.int/news/item/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).
[114] "Statement on the first meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)," *World Health Organization*.
[115] "Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)," *World Health Organization*, January 30, 2020. https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).

that Chinese President Xi Jinping had called Ghebreyesus directly and requested he delay the process.[116] The WHO vehemently denied these accusations,[117] but the rumor had spread too far. This claim quickly became a cornerstone of the Trump administration's attacks on the WHO[118] under Ghebreyesus' leadership until the U.S. finally exited the WHO in January of 2026.[119] WHO insiders at the time reported that the DG was "obviously frustrated," by this pushback, and by the placement of the organization in between Trump's ongoing feud with China.[120]

Sidebar: The Evolving Function of the EC

Up until and including the COVID-19 pandemic, the WHO DG had always followed the advice of the IHR EC. Under Dr. Chan's leadership, the matter of a PHEIC had always been decided at the first EC meeting, but under Ghebreyesus, something had shifted. One possibility is that Ghebreyesus simply sent crises to IHR ECs *so* much more quickly than in the past that committee members could not be as sure of the state of the outbreak in question. Another possibility could be that in the 20 years since the IHR (2005) came into effect, experts gained experience by serving in IHR ECs again and again, and developed a different way of thinking about the process. In general, the ECs that Ghebreyesus had called up until this point *were* generally more experienced than those Dr. Chan had been able to call upon (measured by proportion of members with prior EC experience), which could be attributable to the fact that there had simply been more past ECs by the time Ghebreyesus took the reins.

Whatever the reason, Ghebreyesus' first term as DG was the first point since 2007 that the IHR ECs were a major point of delay. Kivu Ebola marked the first time that an EC had declined to recommend a PHEIC in its first meeting only to do so later, with COVID-19 marking the second instance less than a year after. Despite his best efforts to hasten responses, the WHO

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[116] "WHO denies report of pressure to withhold info," *EuroNews*, May 10, 2020, https://www.euronews.com/2020/05/10/who-denies-report-of-pressure-to-withhold-info.
[117] "WHO Statement on false allegations in Der Spiegel," *WHO*, May 9, 2020, https://www.who.int/news/item/09-05-2020-who-statement-on-false-allegations-in-der-spiegel.
[118] Jim Jordan, et. al, " FINAL Letter to WHO re China Pressure," *U.S. House Oversight Committee,* April 9, 2020, https://oversight.house.gov/wp-content/uploads/2020/04/FINAL_Letter-to-WHO-re-China-Pressure-.pdf.
[119] "WHO statement on notification of withdrawal of the United States," *WHO*, January 24, 2026, https://www.who.int/news/item/24-01-2026-who-statement-on-notification-of-withdrawal-of-the-united-states.
[120] Kate Kelland and Stephanie Nebehay, "Caught in Trump-China feud, WHO's leader is under siege," *Reuters*, May 15, 2020, https://www.reuters.com/investigates/special-report/health-coronavirus-who-tedros/.

under Ghebreyesus was fielding new accusations of sluggishness and unnecessary delay, now because of the ECs themselves. Where they had been essentially a yes-or-no final filter under Chan, the ECs had now become a real institutional bottleneck, standing in the way of change.

During Margaret Chan's tenure, there may have been moments where she wished to act against the advice of the ECs she called, though she never actually did. After the EC declined to recommend a PHEIC at the first meeting called to evaluate the 2016 Yellow Fever outbreak, Dr. Chan seemed to respond with frustration, publishing an opinion-piece press release calling for a coordinated international response to the crisis.[121] Still, her decisions were always couched in the approval process of the IHR EC. Dr. Chan had stated in interviews that the MERS outbreak in 2012 was her "greatest concern" and "a threat to the entire world,"[122] yet in her official statement after the first meeting of its EC, "agreed… that the situation is of great concern, although it does not constitute a public health emergency at this time."[123]

For most of his tenure Ghebreyesus, too, had at the very least justified no-declarations through the advice of the ECs, perhaps truly believing that he was fully beholden to their recommendation (or lack thereof) in determining a PHEIC. After the refusal to recommend a PHEIC at the first EC meeting for COVID-19 for instance, Ghebreyesus posted statements across his social media accounts that both defended the WHO and placed the responsibility for the decision on the inability of the EC to come to a decision:

> I am not declaring the new #coronavirus outbreak a public health emergency of international concern today. The Emergency Committee was divided over whether the outbreak represents a PHEIC. This is an emergency in China, but it has not yet become a global health emergency. This should not be taken as a sign that @WHO does not think the situation is serious. WHO is following this new #coronavirus outbreak every minute of every day, at country, regional and global level. I will not hesitate to reconvene the committee at a moment's notice if needed.[124]

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[121] Chan, "Yellow fever: the resurgence of a forgotten disease," *WHO*, May 30, 2016.
[122] Laurie Garrett, "Why MERS virus is so scary," *CNN*, June 2, 2013. https://www.cnn.com/2013/05/31/opinion/garrett-mers-virus.
[123] "Emergency Committee advises on MERS-CoV," *Pan American Health Organization*, July 17, 2013. https://www.paho.org/en/news/17-7-2013-emergency-committee-advises-mers-cov.
[124] Tedros Adhanom Ghebreyesus, *Facebook*, January 24, 2020, https://www.facebook.com/DrTedros.Official/posts/i-am-not-declaring-the-new-coronavirus-outbreak-a-public-health-emergency-of-int/2576979435704866/.

MPox 2022

In May 2022, with the COVID-19 pandemic still ongoing, clusters of infections caused by the Mpox virus (originally referred to as *Monkeypox*) were discovered in the U.K., linked to individuals who had recently traveled to West Africa.[125] Cases were soon identified in the U.S.,[126] as well as across Europe.[127] Alarm-bells immediately rung, as Mpox is usually endemic to Western and Central Africa, and had not previously been known to spread among the countries now exhibiting the largest number of cases.[128] The particular Mpox virus spreading during the 2022 outbreak was identified as Clade IIb, a less-deadly strain than Clade Ib that would eventually cause the 2024 outbreak in Central Africa.[129]

Mpox was characterized quite early on for the manner by which it was often spreading: among circles of LGBTQ people, primarily among gay, bisexual, and other men-who-have-sex-with-men (MSM).[130] A level of sensitivity developed around the disease's public perception, specifically regarding how to handle the disease without creating even more stigmatization than already existed for those populations most affected by the outbreak.[131][132] Ghebreyesus again acted quickly, convening the first IHR EC for Mpox 2022 on June 25, just 36 days after the announcement of the outbreak in Europe.[133]

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[125] "Monkeypox cases confirmed in England – latest updates," *Gov.uk*, May 14, 2022, https://www.gov.uk/government/news/monkeypox-cases-confirmed-in-england-latest-updates.
[126] Deana Beasley, "Massachusetts identifies first 2022 U.S. case of monkeypox infection," *Reuters*, May 19, 2022, https://www.reuters.com/world/us/massachusetts-identifies-first-2022-us-case-monkeypox-infection-2022-05-18/.
[127] "First meeting of the International Health Regulations (2005) Emergency Committee regarding the multi-country outbreak of monkeypox," *WHO*, June 25, 2022. https://www.who.int/news/item/25-06-2022-meeting-of-the-international-health-regulations-(2005)-emergency-committee--regarding-the-multi-country-monkeypox-outbreak.
[128] "About Monkeypox," *US CDC*, June 17, 2026, https://www.cdc.gov/monkeypox/about/index.html.
[129] "Clade II Monkeypox Outbreaks," *US CDC*, June 22, 2026, https://www.cdc.gov/monkeypox/outbreaks/2022/index-1.html.
[130] "First meeting of the…," *WHO*, June 25, 2022.
[131] Jim Downs, "Gay Men Need a Specific Warning About Monkeypox," *The Atlantic*, May 28, 2022, https://www.theatlantic.com/ideas/archive/2022/05/monkeypox-outbreak-spread-gay-bisexual-men/643122/.
[132] Fenit Nirappil, "Monkeypox dilemma: How to warn gay men about risk without fueling hate," *The Washington Post*, June 12, 2022, https://www.washingtonpost.com/health/2022/06/12/monkeypox-warning-gay-men/.
[133] "First meeting of the International Health Regulations (2005) Emergency Committee regarding the multi-country outbreak of monkeypox," *World Health Organization*, June 25, 2022. https://www.who.int/news/item/25-06-2022-meeting-of-the-international-health-regulations-(2005)-emergency-committee--regarding-the-multi-country-monkeypox-outbreak.

Yet again an IHR EC called to advise Ghebreyesus had refused to recommend a PHEIC at the first meeting. This marked the fourth time this had occurred, out of four ECs overall. For the first time, however, the EC statements regarding Mpox 2022 contained detailed information on the deliberation and reasoning behind the decision. Four drivers for the inability to recommend a PHEIC were identified in the first meeting's report: concerns about lack of information regarding spread, risk, and interventions; concern about further stigmatizing those communities most affected by the outbreak; a lack of technical information about the virus and disease itself; and concerns about the fact that this outbreak was only declared once Mpox made its way to Europe and the U.S., rather than the decades that it had been allowed to spread freely in Africa.[134] Strangely enough, the report also contains the first instance of an explicit definition of PHEIC standards "an extraordinary event, which constitutes a public health risk to other States through international transmission, and which potentially requires a coordinated international response."[135] This decision "raised eyebrows" among a number of experts, particularly because it seemed, from the IHR EC's very own first-meeting-report, that the Mpox 2022 outbreak met all of the criteria to be declared a PHEIC.[136]

28 days later, the EC again convened to discuss the ongoing outbreak.[137] In the delay between meetings, total case numbers had exploded from just above 3,000 to over 12,000, and jumped from 47 countries to a total of 72 affected states.[138] Even faced with these numbers, the EC could still not come to a consensus on recommending a PHEIC declaration. Instead, the committee delivered a set of considerations taken from those members either in support of or opposed to the declaration, "should the WHO Director-General determine that the Multi-country outbreak of monkeypox constitutes a PHEIC." [139]

In this off-handed remark buried at the very end of the report, the EC had granted the DG, for the very first time, the ability to decide to declare a PHEIC without their recommendation. This power had existed *de jure* since the IHR (2005) came into effect, as the DG had always

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[134] "First meeting of the…," *WHO*, June 25, 2022.
[135] "First meeting of the…," *WHO*, June 25, 2022.
[136] Luke Taylor, "Monkeypox: What's behind WHO's decision not to declare a public health emergency?" *The BMJ* 377 (2022): o1604. https://doi.org/10.1136/bmj.o1604.
[137] "Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox," *World Health Organization*, July 23, 2022. https://www.who.int/news/item/23-07-2022-second-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox.
[138] "Second meeting of the…," *WHO*, July 23, 2022.
[139] "Second meeting of the…," *WHO*, July 23, 2022.

technically had the "final determination" in PHEIC declarations,[140] but *de facto*, neither of the post-IHR (2005) DGs had dared to overrule an EC determination. The same day that the Mpox 2022 EC met for the second time, Ghebreyesus used his newfound ability to declare the outbreak a PHEIC.

After Mpox 2022: A True Ratchet Effect?

While the Mpox 2022 declaration was unprecedented, a single use of an exceptional power could always turn out to be just that: an exception. For the first few years after the 2022 PHEIC, it seemed as if that might have been the case. In late 2023, a new surge of Mpox cases started cropping up in Central Africa, this time caused by the deadlier Clade 1a and 1b viruses, rather than Clade IIb that was still circulating as part of the ongoing Mpox 2022 outbreak.[141] It is difficult to correctly date the beginning of the Mpox 2024 (Clade I) outbreak compared to our previous cases due to the way the crisis built up. While the original uptick in Clade I cases began in September 2023 in the DRC, a country where the disease is endemic, major outbreak tracking mostly started in January, and the first true outbreak report came from the neighboring Republic of the Congo in April 2024.[142] Regardless, this was by far the longest DG Ghebreyesus had waited to send an emerging crisis to an IHR EC for consideration, well upwards of 100 days and possibly even above 300 days, depending on the selected starting point. When the EC finally met on August 14, 2024, they unanimously recommended the declaration of a PHEIC, the first such instance during Ghebreyesus' tenure.[143]

This conservative turn and comparatively large delay from Ghebreyesus could reflect a desire to maintain a lower profile following COVID-19, Mpox 2022, or simply in response to pressing external political conditions. During the 2024 US presidential election, Donald Trump had again repeated his desire to have the US exit the WHO should he win the presidency,

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[140] "INTERNATIONAL HEALTH REGULATIONS (2005) As amended in 2014, 2022 and 2024," *WHO*, September 19, 2025, https://www.who.int/health-topics/international-health-regulations#tab=tab_1.
[141] Emmanuel Hasivirwe Vakaniaki, et. al, "Sustained human outbreak of a new MPXV clade I lineage in eastern Democratic Republic of the Congo," *Nature Medicine* 30 (2024): 2791-2795. https://doi.org/10.1038/s41591-024-03130-3.
[142] "Monkeypox Caused by Human-to-Human Transmission of Monkeypox Virus in the Democratic Republic of the Congo with Spread to Neighboring Countries," *US CDC*, August 7, 2024. https://www.cdc.gov/han/2024/han00513.html.
[143] "First meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024," *World Health Organization*, August 19, 2024. https://www.who.int/news/item/19-08-2024-first-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-upsurge-of-mpox-2024.

repeating claims from four years prior that the WHO had intentionally delayed the COVID-19 declaration, was in the pocket of China, and so-on.[144][145] For many years prior to the 2024–2025 financial year, the US had often been the single largest donor to the WHO,[146] an organization with an already miniscule budget in comparison to its global responsibilities.[147] Given the shortfalls the WHO was already facing,[148] Ghebreyesus' restraint may have been an attempt to avoid falling in the sights of the US.

Two years later, at the opening of 2026, cases of ebola disease again began to pop up in Ituri province in the DRC, one of the areas ravaged by the 2018 Ebola outbreak.[149] By May 14, DRC testing facilities confirmed that the outbreak was caused by a filovirus, the family within which ebolaviruses reside, but not by the Zaire ebolavirus variant that had caused the majority of major outbreaks, including those in 2014 and 2018.[150] The DRC officially declared an outbreak on May 15 after genomic testing confirmed the presence of Bundibugyo ebolavirus.[151]

The WHO and DG Ghebreyesus had entered into a crossroads. With Trump having withdrawn the US from the WHO and taken with it a sizable chunk of the organization's funding, Ghebreyesus' administration now looked to the remaining donors and member states to increase their support. The contingency fund for emergencies, the piece of the budget earmarked for the exact sort of rapid responses necessary for major outbreaks, had declined nearly 30% by

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[144] Gretchen Vogel, "Trump may decide to leave WHO next week. Here are seven possible impacts on the U.S. and the world," *Science*, January 17, 2025. https://www.science.org/content/article/trump-may-leave-who-next-week-here-are-seven-possible-impacts-u-s-and-world#selection-1413.0-1413.19.

[145] Hannah Kuchler and Oliver Barnes, "Donald Trump's transition team seeks to pull US out of WHO 'on day one'," *Financial Times*, December 21, 2024. https://www.ft.com/content/e6061ed5-2703-4b8a-9948-a557aaaf52c2.

[146] "Contributors: 2022-2023," *World Health Organization*, December 2023. https://open.who.int/2022-23/contributors/contributor.

[147] Priti Patnaik, "The 2023 World Health Assembly: A New Financial Lifeline for WHO?" *Global Health Now*, May 17, 2023. https://globalhealthnow.org/2023-05/2023-world-health-assembly-new-financial-lifeline-who.

[148] Elaine Ruth Fletcher, "WHO Budget Crisis Bigger Than Previously Thought – $2.5 Billion Gap for 2025-2027," *Health Policy Watch*, February 4, 2025. https://healthpolicy-watch.news/who-budget-crisis-bigger-than-previously-thought-2-5-billion-gap-for-2025-2027/.

[149] Eric Q. Mooring, et. al, "Modeled Scenario Projections for the Ebola Disease Outbreak Caused by Bundibugyo Virus, 2026," *MMWR* 72, no. 22 (2026): 285-289. https://www.cdc.gov/mmwr/volumes/75/wr/mm7522e1.htm.

[150] "Bundibugyo Virus Disease Outbreak | Situation Report, Issue No. 01," *Africa CDC*, May 18, 2026. africacdc.org/download/situation-report-bundibugyo-virus-disease-outbreak-in-the-drc-and-uganda/.

[151] "Bundibugyo Virus Disease Outbreak | Situation Report, Issue No. 01," *Africa CDC*.

December 2025 compared to the year prior.[152] Ghebreyesus had led Ethiopia's foreign ministry from 2012-2016, and had not been shy in criticizing both African and global responses to the 2014 West African Ebola outbreak.[153] He had faced two distinct Ebola outbreaks in his first term, both of which he had sent quickly to IHR ECs for consideration, only to have them be denied for PHEIC recommendation or delayed immensely. Unlike the two he had faced in 2018, this most recent outbreak was caused by a less-common strain of ebolavirus, for which no effective vaccine exists. And as disastrous as the 2014 Ebola outbreak was, it was the coordinated effort led by the WHO in the wake of its delayed PHEIC declaration that led to the fast-tracked development of the first Zaire Ebolavirus vaccines.[154] By May of 2026, Ghebreyesus was also entering into the end of his second and final term as DG, knowing that his successor would be elected just a year later in May of 2027.[155] Perhaps most pressing of all from a reputational standpoint, the 79th World Health Assembly (WHA), the venue in which Ghebreyesus would be able to appeal directly to member nations for their support and approval, was just days away, beginning May 18, 2026. If ever there was a time for the DG to take unprecedented action, this was it.

Just two days after the DRC declared an outbreak and one day before the WHA began, Ghebreyesus, without even putting together an IHR EC for consideration, declared the Bundibugyo Ebola outbreak a PHEIC on May 17, 2026.[156] For the second time in four years the WHO's DG had made a PHEIC declaration without the recommendation of an IHR EC, for the first time ever having exercised this capability entirely without independent review or advice. Rather than hiding this ratchet in power, Ghebreyesus openly announced it across his social media channels: "After having consulted the #DRC and #Uganda … I determine that the

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[152] "Audited Financial Statements for the year ended," *World Health Organization*, December 31, 2025. Pg. 89, see "6.1.b Voluntary funds". https://apps.who.int/gb/ebwha/pdf_files/WHA79/A79_14-en.pdf.
[153] "Tedros Adhanom: Universal health care could have prevented the Ebola crisis," *Devex* [Via 'Devex' YouTube], November 17, 2014. https://www.youtube.com/watch?v=syie2jJEzaE.
[154] Sara Viksmoen Watle, Gunnstein Norheim, and John-Arne Røttingen, "Ebola vaccines – Where are we?" *Human Vaccines & Immunotherapeutics* 12, no. 10 (2016): 2700-2703. https://doi.org/10.1080/21645515.2016.1217372.
[155] Rory O'Neill, "Who will lead the WHO after Trump's retreat?" *Politico*, June 22, 2026. https://www.politico.eu/article/the-gulfs-moment-to-lead-world-health-organization/.
[156] "Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern," *World Health Organization*, May 17, 2026. https://www.who.int/news/item/17-05-2026-epidemic-of-ebola-disease-in-the-democratic-republic-of-the-congo-and-uganda-determined-a-public-health-emergency-of-international-concern.

epidemic constitutes [PHEIC]..."[157] At least for the foreseeable future, it appears that the WHO's DG has gained a new power to bypass review and expedite PHEIC declarations, avoiding the reputational pitfalls of yet another EC delay.

Conclusion

This investigation confirms what other authors have argued – that the WHO is a political organization – though particularly with concern to the maximization of its reputation. While the organization is decidedly full of experts, that expertise is useless if no one trusts it, and the WHO DGs' behavior over the past 20 years reflects an understanding that to control the authority of the organization is to control the way it is viewed on a global scale.

As for who the reputation matters to, it appears that through the years, criticism from the US and other Western powers has been a sore point for DGs. Seeing as Western countries and donors have tended to make up the majority of the WHO's funding, it is not unreasonable to expect that DGs would be sensitive to their concerns. Then again, many of the harshest points of critique – those surrounding H1N1, Ebola 2014, Ebola 2018 (Kivu/Ituri) – have been either focused on too *fast* of a response to disease in the West or too *slow* of a response to disease in Africa, hardly the response one would expect from an entirely Western-centric organization. Future study of the WHO's could seek to examine how the Western-centrism or remnants of colonialism that other authors have previously identified in the WHO's emergency response play into its perceived global reputation.

The next WHO DG, to be elected in May 2027, will likely face a world of global health like nothing their predecessors ever experienced. Dr. Chan entered into her first term with a strong mandate, seemingly a perfect pick to lead the WHO into a new era of control over global health emergencies. Ghebreyesus, benefitting from the harsh trials of his predecessor, was able to greatly hasten emergency response in spite of growing budgetary constraints and the pressures of a changing world order. The next DG will inherit an organization leaned-out by the repercussions of the US' withdrawal, and securing increased funding will be more important than ever before. It is possible that other countries or organizations will come to be quite important to the WHO's function, particularly China. The destruction of USAID and related soft-power international

[157] Tedros Adhanom Ghebreyesus, *X.com*, May 17, 2026. https://x.com/DrTedros/status/2055879914620964932?s=20.

investment and development programs of the US government have already begun to have impacts which will have to be absorbed by ill-equipped local and national governments.[158][159] Absorbing these responsibilities seems a perfect task for the world's health agency, but without proper funding the WHO will never have the capacity to bear this responsibility in full.

Finally, while the object of this study is not to argue for or against any particular policy of the WHO, the question of whether bypassing the EC by the DG is "good" does present itself. The DG of the WHO is a politician, and the PHEIC process is, regardless of independent review (and likely even because of it[160]), a political process. The DG having the power to unilaterally declare a PHEIC is no more "good" or "bad" than having the capacity to pick and choose which items get sent to IHR ECs or getting to choose the IHR EC members. It is merely another tool in their belt. Over the past 20 years, there have been major outbreaks where IHR ECs delayed international response by refusing to recommend a PHEIC, particularly in the Kivu and Ituri Ebola outbreak in 2018. It is possible that the ability to bypass the EC in that case, for instance, could have benefitted the response to the outbreak. It still remains to be seen whether Ghebreyesus' swift action in the 2026 Ebola outbreak will play out to the benefit of those most affected, and whether his successor will follow his lead in continuing to make the WHO more responsive to global health emergencies.

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