

ANALYSING THE PERFORMANCE OF MULTILATERAL ORGANIZATI- ONS FACING MAJOR CRISES: COVID-19 IN COMPARATIVE PERSPECTIVE

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REGROUP

REBUILDING GOVERNANCE AND
RESILIENCE OUT OF THE PANDEMIC



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Culminating more than a decade of crisis in Europe, the Covid-19 pandemic has opened an important window of opportunity for institutional and policy change, not only at the “reactive” level of emergency responses, but also to tackle more broadly the many socio-political challenges caused or exacerbated by Covid-19. Building on this premise, the Horizon Europe project REGROUP (*Rebuilding governance and resilience out of the pandemic*) aims to: 1) provide the European Union with a body of actionable advice on how to rebuild post-pandemic governance and public policies in an effective and democratic way; anchored to 2) a map of the socio-political dynamics and consequences of Covid-19; and 3) an empirically-informed normative evaluation of the pandemic.



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Abstract

The research objective is to analyse the consequences that recent crises have had for multilateral organizations, to what extent they fostered a transformation of response mechanisms and whether this transformation has contributed to strengthening the institution and improving its response to new crises. We analyse and compare the role of two specific International Organizations (IOs), the World Health Organization and the International Organization of Migration, in recent major transnational crises: the COVID-19 pandemic and the migration crisis caused by Russian aggression against Ukraine. Two complementary strands of the scientific literature are taken into account: studies analysing the functioning and performance of IOs and the literature on crisis management. In each case study, we describe the IOs' institutional designs and the characteristics of the policy regimes in which the IOs operate. Then we assess the response given to the crises, distinguishing between planned measures designed to provide an immediate response and resilience measures for future crises. We end with a comparative assessment of the performance of these two IOs in the face of these crises and their capacity to learn lessons from them to deal with future crises.

Keywords: crisis management; multilateral governance; international organizations; World Health Organization; International Organization for Migration

Introduction¹

The interdependent world of the 21st century has given rise to sudden shocks of a global scope. These shocks require stronger multilateralism, but international institutions are being questioned and the principles that have sustained the international order eroded. Crises have forced the implementation of drastic adjustment measures with unintended consequences. Russian aggression against Ukraine is the epitome of the failure of global institutions to guarantee peace and international stability. This aggression reflects a flagrant disregard for the principle of the prohibition of the use of force and has undermined international cooperation (Schuette and Dijkstra 2023).

Generally speaking, international organizations (IOs) - including United Nations (UN) - are suffering from a threefold crisis: a *crisis of representation*, where the core system built after World War Two (WWII) no longer reflects the new balance of power, especially with the emergence of global players like China and other regional powers (Zakaria 2011; Zürn 2018); a *crisis of values* concerning the liberal system that has resulted from the rise of illiberal powers like China and the growing importance of nationalism and protectionism (Aydin 2021); and a *legitimacy crisis* caused by the system's intergovernmental nature and its inability to fully incorporate other influential global players, particularly the private sector (Coen and Pegram 2015).

Against this backdrop, the aim of this paper is to analyse and compare the role that two specific International Organizations - the World Health Organization (WHO) and the International Organization of Migration (IOM) - have played in response to recent major transnational crises: the COVID-19 pandemic and the migration crisis caused by Russian aggression against Ukraine. The underlying question is whether major crises strengthen multilateralism as they show the relevance and effectiveness of IOs as “ready-to-use” venues to swiftly coordinate joint action or, on the contrary, weaken multilateralism as they demonstrate IOs' weakness, rigidity and lack of legitimacy, forcing states to look for alternative venues for cooperation. We also explore if these crises have led to reforms of IOs to improve their capacity to face new crises.

The following section establishes the conceptual framework for analysing the performance of IOs in crisis situations. Section 3 details the research design and methodology. Section 4 contains both cases and the two case studies, analysing the institutional design of crisis responses and the concrete measures taken to confront the two above-mentioned recent and large-scale crises. In the final section, a comparison between the responses is made and conclusions are drawn about the lessons that can be drawn regarding the international governance of crises.

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A conceptual framework to analyse the performance of IOs in times of crisis

The objective of this research is to analyse the consequences that recent crises have had for multilateral organizations, to what extent they have fostered a transformation of response mechanisms and whether this transformation has contributed to strengthening the institutions and improving their responses to new crises. More than testing a hypothesis, the aim of this research is to gather some evidence on the strengths and weaknesses of IOs when facing crises and to identify good practices.

The IOs' performance in response to crises was analysed by taking into account various relevant aspects highlighted by two complementary strands of the scientific literature: 1) studies analysing the functioning and performance of IOs and 2) the literature on crisis management and the capacity of institutions to react to crises and to promote institutional learning.

Institutional variables affecting the performance of international organizations

The existing literature on the effectiveness of multilateral organizations is limited (Coen et al. 2021), and the way in which this effectiveness is measured lacks an analytical reference framework that includes the different variables affecting the achievement of their objectives. According to existing studies, however, the ability to comply with the goals depends on both the powers attributed to them and the legal and economic instruments they have. The wide comparative study conducted by the GLOBE project (Coen et al. 2021) concludes that the effectiveness of IOs is greater in the establishment of standards and objectives than in the effective achievement of their goals and that this is mainly due to their lack of political authority and weak mechanisms to implement, monitor and evaluate relevant measures.

Other academics have focused on the capacity of IOs to produce shared normative frameworks, objectives and procedures (Young 2021) and to ensure their institutionalization in an international regime (Lall 2017; Coen et al. 2021). Other authors such as Simmons (2002) measure IOs' effectiveness as the level of commitment of the members states with respect to the rules and procedures adopted, whether through coercive or voluntary mechanisms. Although it is assumed that an IO with greater normative capacity obtains a higher degree of compliance, this is not always the case, and some more flexible and voluntary instruments may ensure a higher degree of compliance (Guzman 2008; Coen and al. 2022).

All these elements are complementary: to be effective, an IO needs to have a clear

mandate and sufficient powers and resources to implement them, as well as monitoring mechanisms to measure the changes that have occurred. In times of crisis the existence of shortcomings become more visible and often cause normative institutional changes. Coen and al. (2021) conclude that the level of formal authority - determined by their mandate, formal competences and administrative and financial resources - is a key driver of an IO's effectiveness but recognize that there are other ways to expand their authority such as by providing specialized expertise and knowledge or catalysing broad-based action by mobilizing a variety of non- or sub-state actors.

Finally, it should be noted that IOs do not work in a vacuum but are part of complex global regimes including different formal and informal institutions and governmental and non-governmental actors (Jang et al. 2016; Meiches and Hopkings 2012; Raustiala 2018); the characteristics of the regimes can affect IOs' performances. Especially in fragmented regimes, IOs can lose power of influence or, on the contrary, act as key actors that catalyse the integration of the different actors and their alignment with common objectives (Coen et al. 2021).

Crisis management

Crises can be defined as critical events that threaten the basic foundations of a social system and require rapid responses (Rosenthal et al. 2001). They differ from other emergencies that occur with some regularity, since crises require changes that go beyond the ordinary (Peters 2021) and have medium- to long-term effects. By their nature, crises expose the weakness of existing governance arrangements (Peters 2021) and often produce demands for changes to address urgent emergencies and to prepare for future crises. According to the literature, the successful management of crises depends on some key factors: strong leadership to take swift decisions and coordinate actions; institutional capacity to mobilize resources; flexibility to adapt to changing circumstances; and a capacity to learn lessons in the aftermath of a crisis to better prepare to future crises (Ansell et al. 2011; Olson et al. 2012).

Some studies have analysed the role played by specific IOs in response to the COVID-19 crisis, such as the G20 (Bernes 2020), the IMF (Besson et al. 2022), the International Labour Organization (ILO) (ILO, 2022) and the WHO (Yang 2021). Other studies (Jones and Hameiri 2022; Larionova and Kirton 2020) have assessed and compared the role played by different IOs (WHO, IMF, WB, WTO, UN) and plurilateral summits (BRICS, G7, G20). These studies conclude that overall, global governance has failed to produce timely and coordinated international responses to the stated crises due to political fragmentation and tensions, but also because the institutional architecture has not been adapted to the globalized world. Debré and Dijkstra (2021), analysing the responses of 75 IOs to the COVID-19 shock, concluded that IOs with broad policy objectives have been more effective.

tive in responding to the crisis and have further expanded their scope and instruments than those with a narrow focus. They also concluded that IOs with more “authority” - defined as the ability to set the agenda and take autonomous decisions - and more “bureaucratic capacity” - that is, having larger secretariats and a larger budget - have been more effective in handling the crisis and expanding their scope and instruments. Van Ecke et al. (2021) have also compared the responses of the WHO, the EU and the IMF/WB in response to the COVID-19 crisis. They confirmed that bureaucratic autonomy is a critical variable for effective crisis management and argue that it is “often more important than having ready-made plans for emergencies” (2021, 674). These findings concerning the effectiveness of IOs in response to the COVID-19 crisis are largely in line with those of Coen et al. (2021), who analysed and compared the effectiveness of IOs in normal (i.e., non-crisis) times.

Research design and methodology

To further understand the responses of IOs to crises, we analysed and compared the role that two specific International Organizations (IOs) - the WHO and the IOM - have played in response to two recent major transnational crises: the COVID-19 pandemic and the migration crisis caused by Russian aggression against Ukraine. The two selected IOs for this research are regularly confronted crisis episodes that have a transnational yet regional dimension.

The WHO has had to face several episodes of serious health crises over the last two decades, which have affected Asia - the two SARS epidemics in 2003 and 2014 - and Africa - Ebola. Yet the COVID-19 crisis has been the biggest crisis to date, with a global scope. The responses to confront it have required extraordinary measures that have unleashed a process of deeper reform.

The IOM has recently dealt with major migration crises affecting different regions, such as the Syrian refugee crisis in Eurasia, the Venezuelan migration crisis in America or the Rohingya crisis in Asia. The recent crisis caused by the war in Ukraine is relevant because it has served as a test in European territory for the lessons learned from these other crises, which manifested structural deficiencies deriving from the lack of clarity concerning the IOM’s constitutive mandate.

The fact of these two IOs being confronted by recurrent crises has permitted assessments as to whether the measures taken in former crises have served to prepare for subsequent crises. These crises very close in time also allow us to analyse responses in a similar geopolitical context. Further, as they are IOs with different mandates, histories and features, we can compare different instruments and factors corresponding to the

idiosyncrasies of each organization but also identify others that are shared.

Each case study is presented by describing the IOs' institutional designs and the characteristics of the policy regimes in which these IOs operate and then by assessing their response to the respective crises, distinguishing between measures designed to provide an immediate response and resilience measures for future crises. We end with a comparative assessment of the performance of these two IOs in the face of these crises and draw lessons from it.

The case studies comprise a desk review of reports and official documents from the multilateral institutions, external evaluation exercises and some semi-structured interviews with relevant personnel from the two IOs, other actors involved in crisis management and experts. The selection criteria comprised the relevance of their trajectory and knowledge of the topics to be analysed. The interview format was qualitative, with semi-structured questions to be adapted to the characteristics and knowledge of each interviewee.²

The WHO's response to the COVID-19 crisis

The first world health conference to deal with epidemics dates from 1861, and in 1907 the first International Bureau of Public Hygiene was created, some years later than the Pan American Health Organization (PAHO) in 1902. The Hygiene Organization of the League of Nations was the direct antecedent of the WHO, which was created within the framework of the UN. The WHO developed a cooperation system to guarantee health-care, but the management of health crises remains one of its main functions. In May 2023, the Director-General of the WHO declared the end of the international health emergency caused by the COVID-19 pandemic (UN, n.d.),³ three years after the official declaration of the disease as a pandemic in March 2020. In that period the world experienced the greatest health emergency since the 1918 flu. Article 3 of the WHO founding treaty establishes among its functions acting as an authority to coordinate international work in health and establish frameworks for collaboration with UN agencies, governments and other actors. In 2023, the Independent Panel for Pandemic Preparedness and Response concluded that, if the lessons were drawn from what happened and necessary measures and reforms taken, the consequences of a new pandemic could be avoided (Johnson and Clack 2023).

² The interviews were conducted online mostly via the TEAMS platform. The treatment of the surveys has been completely anonymised following the Data Management Plan and Ethical Guidelines of the REGROUP project. Details of the interviewees can be found in the appendix following the bibliography.

³ UN "WHO chief declares end to COVID-19 as a global health emergency", accessed 25 September 2023 https://www.un.org/coronavirus?_gl=1*yxwulk*_ga*MTAxNjcwOTU4Ny4xNjg0ODMyMTIw*_ga_TK9BQL5X-7Z*MTY4ODM4MjY4Ny41LjAuMTY4ODM4MjY4Ny4wLjAuMA

The WHO's institutional design

Competences

The WHO's highest decision-making body is the World Health Assembly (WHA), composed of representatives of all Member States (MS). It is responsible for appointing the thirty-two representatives of the Executive Committee, which is the decision-making body in cases of urgency, such as a public calamity or epidemic. The Director General (DG), the head of the General Secretariat, is also appointed by the WHA and assumes a leadership role in the event of international crises.

The WHO is endowed with significant, although not fully developed, normative powers. Its most important direct normative competence is to adopt international regulations on disease control, diagnostic procedures and pharmaceutical products (WHO Art. 21). These are binding for MS unless they reject them or submit amendments (WHO Art. 22). The International Health Regulations (IHR), which is the reference document whose latest version was adopted in 2005, entered into force two years later for all WHO members. Their obligations include notifying the WHO of “events that may constitute a public health emergency of concern” and of “any sanitary measure in response to these events” (IHR Art. 6). But the WHO may also consider reports from other sources and inform the affected state (IHR Art. 9), which must respond within twenty-four hours (Art. 10 IHR).

The DG is charged with determining whether an event “constitutes a public health emergency of international concern” (Art. 12 IHR), which, if so, starts the response process of the WHO and MS (Klabbers 2019) with the help of an “Emergency Committee” composed of experts charged with making recommendations. The MS should always cooperate with the WHO (Art. 13 IHR).

The WHO may also adopt conventions with the vote of two-thirds of the members (Art. 19), but these require ratification by the MS through their internal constitutional processes. The WHO acts as a facilitator of the agreement, but the decision remains in the hands of the states (Klabbers 2019). If they do not ratify the conventions, then they are not part of the agreement (Art. 20). So far, the WHO has only adopted one binding treaty, the 2003 WHO Framework Convention on Tobacco Control. The lack of a binding treaty to deal with the pandemic has become one of the main issues.

Indirect normative competence also includes making recommendations (Art. 23). These are voluntary, although states are obliged to report on the measures taken. Among these are the Pandemic Influenza Preparedness (PIP) Framework first adopted in 2011 (WHO 2021). The PIP is a partnership between MS, the pharmaceutical industry, civil society and other stakeholders to improve information sharing regarding influenza viruses with pandemic potential (IVPP), provide equitable access to necessary products, build

capacity to detect and respond to viruses and establish mechanisms for cooperation in the development of vaccines and treatments, all on a voluntary basis. This framework was built on the experience of the Global Influenza Surveillance and Response System (GISRS) created in 1952 in response to seasonal influenza and other respiratory pathogens. The PIP is complemented by the High-Level Implementation Plan II 2018-2023 to establish influenza surveillance systems, knowledge of different strains of influenza and capacities for timely and adequate responses. Following the experience of the A(H1N1)2009 pandemic, the WHO developed a Pandemic Influenza Risk Management Guide (PIRM) to inform and harmonize national and international influenza pandemic preparedness planning standards that are also based on voluntary participation.

Authority

States are required to make periodic reports on compliance with agreements, regulations and recommendations, but the WHO's legal enforcement powers are very limited. However, it has developed an authority based on its research work that contributes to strengthening the epistemic community, which ensures that some of its recommendations have a broad following and that its reports and action guides become a reference for analysing public policies. This gives the WHO an epistemic authority (Klabbers 2019), but in dealing with crises, its authority is limited by the voluntariness component. States are reluctant to enact WHO-recommended preventive action before the emergency is evident, which delays decisions (Clark and Johnson 2021). The IHR is a binding normative body but does not provide sanctions or enforcement measures in cases of non-compliance. In the event of a dispute between two MS, they should seek to resolve it through negotiation or other diplomatic means. In the case that a dispute is between a MS and the WHO, it should be submitted to the WHA (Art. 56). But to date, no state has been sanctioned by the WHO for non-compliance.

This lack of authority was explicit during the pandemic when the recommendations set by the WHO on containment and prevention measures were applied by the MS in their own way, with some taking stricter measures while others delayed, allowing the disease to spread rapidly (Anonymous, Interview 2). This happened in both Northern and Southern countries, partly because short-term political and economic reasons prevailed, but also due to a lack of resources. Developing countries also contested the decisions of the WHO, alleging that they were influenced by northern countries defending the interests of large multinationals (Interview 2 and 3). An example of such a lack of transparency were the contracts signed for the development of COVID-19 vaccines under the Access to COVID-19 Tools Accelerator (ACT-Accelerator) (WHO, n.d.),⁴ the content of which has not been made public but has shielded the interests of laboratories and manufacturers (Arguedas-Ramirez 2022).

⁴ WHO "ACT Accelerator" Accessed September 2023 <https://www.act-a.org/about>

To avoid conflicts of interest, in 2016, the WHO approved a Framework of Engagement with Non-State Actors (FENSA), incorporating principles such as due diligence, transparency and scientific and evidence-based approaches. But in 2019, a first evaluation observed a lack of an overarching engagement strategy comprising specific, concrete actions, which caused a fragmented implementation and a gap in resources, constraining its implementation. The WHO also has no authority over private agencies and financial instruments in public-private partnerships (PPP) that have autonomy in decision-making, even in cases where they have been created by the WHO, such as the ACT-Accelerator or the Coalition for Epidemic Preparedness Innovation (CEPI).

Budget autonomy

Most of the funds managed by the WHO are voluntary and unpredictable contributions. In the period 2020-2021,⁵ only 25% of the funds were pre-established and mandatory contributions from MS, in addition to approximately 4% of pre-established funds from other organizations (WHO, n.d.). The rest are voluntary and finalist funds for thematic programmes that come from public and private sources. Among the latter, the Bill and Melinda Gates Foundation stands out at 8%. Currently, most of the funding goes to PPP as GAVI, The Global Fund, Act-A, CEPI, COVAX, etc.⁶

This situation was deliberately created in the late 80s when the US proposed the “zero real growth” of the regular budget (Velasquez 2020). Until then, the unwritten rule was that public contributions should represent at least 50% of the budget and all regulatory programmes should be financed by the regular budget (Velasquez 2014). Due to financial constraints, during her mandate, Gro Harlem Brundtland (1998-2003) started the process of creating PPP with the increasing weight of private financing and voluntary contributions. The need for more predictable funding to act quickly in emergencies was demanded in a report by the Joint Inspection Unit in 2013, but secure government funding of the WHO stagnated (Clift 2013). In a sign of continuing fragmentation, the WHO Foundation, a private institution based in Switzerland, was created in May 2020 and can receive funds from the private sector that have no place in the WHO due to possible conflicts of interest, but it is not clear how the funds would be channelled into programs that avoid these conflicts (Velasquez 2023).

To address these financial problems, the WHO Sustainable Financing Working Group (SFWG) was created in 2021 to prepare proposals submitted to the 75th WHA in May 2022. Subsequently, the WHA commissioned the DG to prepare a project to gradually increase the regular contributions of the member states to ensure that they covered 50%

⁵ WHO “Financing of 2020-2021 Biennium” accessed 25 September 2023 <http://open.who.int/2020-21/budget-and-financing/summary.accessed>

⁶ The GAVI budget for the 2021-2021 period, for example, was US\$21.2 billion, far exceeding the WHO budget.

of the budget in the 2030-31 biennium. However, most of the funding still goes to the PPPs. The Independent Panel reported that precarious funding seriously threatens the integrity and independence of WHO work and proposed the creation of an International Pandemic Financing Facility to facilitate a rapid response in case of a crisis (Clark and Johnson 2021). This proposal was endorsed by the G20 during the Indonesian presidency and the World Bank Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response was created by the WB of Governors on 30 June 2022, but the WHO only participates as a non-voting observer.

Institutional learning

Some of the interviewed experts consider that the culture of evaluation is not extended in the WHO (Interviews 1 and 3). Political directors are reluctant to be scrutinized, and evaluation requires resources that are scarce. There is also a certain effect of in-breeding that makes it difficult for the organization to learn from outside contributions (Interview 3). An example was the manifesto of more than 200 experts warning that the contagion was being transmitted through the air that was poorly received by the WHO, although it proved to be true (Interview 2).

However, the WHO conducted several evaluations, especially after the pandemic crisis. Following the SARS 1 epidemic in 2003, instruments were revised, and epidemic monitoring and response mechanisms were strengthened by updating the IHR in 2005. Following the emergence of the A(H1N1) virus in 2009, a first review (WHO 2011) was made by the Committee on the Functioning of the IHR 2005, published in May 2011. Three overarching conclusions were raised from this review: 1) national and local capacities were not fully operational and required improved technical cooperation, monitoring, early warning systems and information systems; 2) the WHO faced problems in measuring the severity of the disease and operationalizing responses according to the different phases of the pandemic; and 3) human and technical capacities and financial resources need to be strengthened. The PIP Framework, complemented by the subsequent High-Level Implementation Plan I and II, and the PIRM was the response, but they were not enough to deal with the COVID-19 crisis.

Following the Ebola crisis in 2014-2015, the Global Preparedness Monitoring Board (GPMB) was created, an independent monitoring and accountability body that ensures preparedness for global health crises and is co-convened by the WHO's DG and the President of the World Bank. But in the case of COVID-19, monitoring and warning systems were slower than the spread of the virus, and many countries were unable to react (Interviews 2 and 3).

The WHO and COVID-19

The WHO's response to the COVID-19 crisis included normative, operational, scientific and informative measures sequenced in time (WHO, n.d.).⁷ Here we will focus only on those that are directly related to the crisis response phases to see to what extent they may lead to institutional changes.

Short-term reaction

Short-term measures include preparedness and mitigation instruments. According to the experts the WHO acted slowly and, although the proposed measures were adequate, the states followed their own political reasoning (Interviews 1, 2 and 3). One of the main criticisms concerned the delay in declaring the emergency and taking preventive measures. The IHR Emergency Committee for COVID-19 had its first meeting on 22 January 2020 and on 30 January, the DG declared that the virus constituted a Health Emergency of International Concern (WHO, n.d.),⁸ but until 11 March a pandemic was not officially declared. The problem was not new; in the case of Ebola, it took months for the WHO to react (Youde 2020). However, in the case of the avian flu in 2009, the WHO was criticized for overacting (Low and McGeer 2010). In its first report, the Independent Panel stated that the IHR alert system was not fast enough due to deliberative processes for interpreting the data (Clark and Johnson 2021).

Other negative aspects included the lack of treatment and prevention material such as masks, respirators and oxygen even in industrialized countries, which showed the vulnerability of many countries to a high dependence on supplies from China. The international system of stocks to dispense medical equipment created during the 2009 crisis had been abandoned (Clark and Johnson 2021), and in 2020, the COVID-19 Supply Chain System (SCS), another PPP, was created in collaboration with the World Economic Forum to provide materials to countries with access problems in a moment of scarcity. In terms of training, especially for health personnel, the WHO did important work in providing technical expertise, but the crisis showed the weaknesses of the national systems (Clark and Johnson 2021).

The exchange of scientific information contributed to discovering the genome of the virus very quickly and facilitated the epidemiological monitoring of the pandemic and development of vaccines in record time. The previous existence of information exchange networks and alliances with laboratories such as the CEPI were decisive for the success of vaccine development in record time (Interviews). That was made possible by

⁷ WHO "Timeline: WHO's COVID-19 response" accessed 25 September 2023 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline>.

⁸ WHO "COVID-19 IHR Emergency Committee" accessed 25 September 2023 <https://www.who.int/groups/covid-19-ihr-emergency-committee>

mass funding, mainly public, but those who developed the vaccines were mostly private companies, which meant the privatization of vaccine patents.

The lack of preparedness in the information systems concerning the incidence of the pandemic was also identified since each country counted the mortality rates differently (Interviews). In August 2020, the WHO recommended that ministries of health share the case definition for death from COVID-19 cases, but achieved little compliance (Allan et al. 2022). The Independent Panel highlighted those Asian countries most affected by previous viruses established coordination structures more quickly, as well as more aggressive containment measures (Clark and Johnson 2021). Neither was there enough collaboration in combatting misinformation generated in the media. The WHO developed the so-called “infodemic” (WHO, n.d.)⁹ as well as guidelines (WHO, 2022) on how to manage disinformation, but the collaboration of states was lacking (Interviews 1 and 3) and thus undermined the confidence of part of the population.

Medium-term measures

In the medium term, the main challenge was to achieve the maximum degree of immunity against the virus. The instrument was mass vaccination, but one of the most criticized aspects of the operation was the inability to guarantee equitable access to the vaccine once it became available. The EU created its own mechanism in June 2020 for the joint purchase of vaccines that ensured access to it for all its member states: the EU Vaccines Strategy (EU, n.d.).¹⁰ Through opaque contracts with pharmaceutical companies, the supply to European citizens was prioritized, and only when the internal provision was assured did the EU provide for the international mechanisms. It participated in the ACT-Accelerator and the joint procurement system for vaccines, COVAX, but this arrived too late for the developing countries (Yoo and al. 2022). Initially, they only received vaccines offered by China and Russia, albeit with a limited production capacity. In the following years, the COVAX supply improved, but vaccination coverage is still deficient in parts of Africa and Asia (Privor-Dumm et al. 2023).

Another critical issue was the refusal to liberalize the production and distribution of patents. The WHO was impeded in action since this issue was discussed in other forums, particularly the WTO, but also in the G7 and G20, without a consensus being reached. The Task Force¹¹ created in 2021 by the WB, IMF, WHO and WTO (WB et al., n.d.) led to several debates and proposals put before the WTO Ministerial Council, including on

9 WHO “Infodemic” Accessed 25 September 2023 https://www.who.int/health-topics/infodemic#tab=tab_1

10 EU “EU Vaccines Strategy” Accessed 25 September 2023 https://commission.europa.eu/strategy-and-policy/coronavirus-response/public-health/eu-vaccines-strategy_en

11 WB, WTO, WHO and IMF “Multilateral Task Force on COVID-19” Accessed 25 September 2023. <https://www.covid19taskforce.com/en/programs/task-force-on-covid-19-vaccines>

the TRIPS Agreement, but only partial responses were achieved due to the northern countries blocking patent liberalization. In May 2020, the WHO created the COVID-19 Technology Access Pool (C-TAP) to share information and intellectual property through an open regime to facilitate the exchange of research. C-TAP provides a global platform for the developers of COVID-19 therapeutics, diagnostics, vaccines and other health products to share intellectual property, knowledge and data through public health-driven, voluntary, non-exclusive and transparent licenses. The large vaccine developers are not participating in it, so its impact is still limited. The COVID-19 Solidarity Therapeutic seeks to test the functioning of various treatments and medicines against the virus in patients around the world to obtain lessons for future pandemics. In these initiatives, the WHO's role is limited to secretariat support and coordination with other institutions (Alves da Siva and Siqueira Rapini 2022). To monitor and prepare national plans to respond to the COVID-19 pandemic, the Partners Platform has been created to provide methodological tools for strengthening health emergency preparedness, identify strategic priorities, develop Action Plan Costing, map existing resources and identify roles and responsibilities and a monitoring framework complemented by the Resource Mapping (REMAP)¹² created in 2018 (WHO, n.d.).

In 2023, the WHO updated SPPR for 2023-2025 (WHO 2023b), which reflects some of the lessons learned from COVID-19. It is based on 5 pillars: emergency coordination, collaborative protection, community protection, safe and scalable care and access to countermeasures. The new plan aims to build on the capacities and procedures established during the COVID-19 pandemic. What follows is to occur through the GISRS, together with a newly created Global coronavirus Laboratory Network (CoViNet). To promote accountability, the WHO's DG announced the process of Universal Periodic Peer Review (UHPR) in November 2020. The WHO conducted pilot exercises in the Central African Republic, Iraq, Thailand and Portugal, but more methodological questions still need to be clarified to make it extend to all the MS (Johnson and Clark 2022).

Long-term measures

Evidence that the response to the pandemic was insufficient reopened the need for deep reforms for transformative change (Johnson and Clark 2023). These long-term structural measures are aimed at strengthening the capacity for resilience in the face of crises but also reforming institutional and legal instruments to improve the effectiveness of the organization in achieving its objectives and coordination with other actors.

Together with the above-mentioned Independent Panel Reports, the DG commissioned a report regarding the COVID-19 response from the Review Committee on the Functioning of the IHR (2005), which was sent to the WHA on 5 May 2021 (WHO 2021b). The main

12 WHO "Resource Mapping" Accessed 25 September 2023 <https://extranet.who.int/sph/resource-mapping>

messages were: (1) non-compliance with IHR obligations, particularly on preparedness, contributed to the worsening of the COVID-19 pandemic; 2) the responsibility for implementing the IHR should be elevated to the highest level of government; 3) a strong accountability mechanism is needed to assess compliance with the IHR; 4) an early warning is important to trigger timely action; 5) the application of the precautionary principle in the implementation of measures should allow action to be taken earlier; and 6) effective implementation of the IHR requires predictable and sustainable funding at both national and international levels.

Moreover, the Independent Oversight and Advisory Committee for the WHO Health Emergencies (WHE) Programme issued a report on 17 May 2023 (WHO 2023), with a specific section on the WHO's role in the global architecture for health emergency preparedness, response and resilience echoing recent efforts to strengthen the response to epidemics through, for example, the Standing Committee on Health Emergency prevention, preparedness and response or the Pandemic Fund. But it criticized the lack of authority of the DG, the funding and human resources gaps and the lack of coordination.

In reference to institutional reform, there is a tension between the normative role of the WHO and its ability to respond to humanitarian crises. Both are necessary, but the normative role is essential to ensure a coordinated and effective response (Interviews 2 and 3). In terms of legal capacities, two main normative initiatives have been undertaken.

The first is to negotiate a pandemic treaty based on Article 19. The WHA created an International Negotiating Body (INB) to write a “zero draft” (WHO 2023d) that is being discussed. It will be a binding treaty, like the WHO Constitution; however, its effectiveness will depend on the number of MS ratifications. In the institutional section, the draft establishes a Conference of the Parties, in which all the signatories participate and representatives of the UN and other governmental organizations, NGOs and the private sector may be included as observers. If this structure prevails, the role of WHO will not be strengthened. It is the same case for the secretariat. The zero draft offers two options: one is to be provided by the WHO and the other is to establish an independent secretariat. This second option will increase the bureaucratic burden and undermines the WHO's capacities.

The second initiative is to reform the IHR to incorporate missing issues and strengthen follow-up actions. A process to develop possible amendments through an intergovernmental working group has been underway since May 2022. The relationship between this reform and the negotiation of the agreement needs to be clarified, considering that the Agreement will have a higher hierarchy than the IHR. It is necessary to guarantee coherence and prevent setbacks in the obligations included in the IHR 2005, especially in relation to the executive capacities of the DG and the emergency committee.

The Standing Committee on Emergency Prevention, Preparedness and Response was created in May 2022, which can be convened upon within twenty-four hours of the declaration of a global public health emergency. It is the response to the slow reaction of the MS to the COVID-19 pandemic and should serve as a link between the DG and MS. This is a mechanism that can positively strengthen the leadership capacity and authority of the WHO. The Independent Panel proposed establishing a Global Health Threat Council at the highest level of the UN to have the authority to ensure accountability and funding mechanisms to guarantee preparedness (Clark and Johnson 2021). However, this would not increase the authority of the WHO as the council's functions overlap with it.

The need to establish accountability mechanisms and to sanction the capacity of those countries that do not comply with the measures considered necessary to contain the epidemic has not been addressed. The zero draft of the agreement establishes an Implementation and Compliance Committee that has a “non-adversarial” and “non-punitive” nature, although it can make recommendations to the Conference of the Parties. As it is a mechanism outside the WHO, its structure will not strengthen the authority of the Emergency Committee. Moreover, the proposed amendments to the IHR consider only measures to be incorporated into national legislation and ask the authorities to report to the WHO to ensure compliance with the IHR. The COVID-19 crisis has also unsettled the reform of the regular WHO budget, although there has been modest progress in the recognition of the need to improve its funding. Although the provision of the Pandemic Fund at the World Bank is welcome, it does not help the WHO's operational autonomy in the case of emergencies.

The IOM's response to the migration crisis resulting from the war in Ukraine

Russian aggression against Ukraine perpetrated on 24 February 2022 caused the biggest migration crisis in Europe since WWII. According to the United Nations High Commissioner for Refugees (UNHCR), in July 2023, the overall number of Ukrainian refugees in the world amounted to more than 6.2 million, of which 5.8 million were in Europe (UNHCR, n.d.).¹³ In addition to these displaced persons abroad, there are 5.1 million internally displaced persons (IOM 2023) who need to be resettled and cared for.

Being a European crisis, the EU and the MS reacted by providing humanitarian aid, and in March 2022, the EU decided to implement the Temporary Protection Directive, approved in 2001 (EU 2001) but never used in previous major crises, such as the Syrian refugee crisis of 2015. Ukrainian refugees received temporary protection, legal status

¹³ UNHCR “Operational Data Portal. Ukraine Refugee Situation” Accessed 25 September 2023. <https://data.unhcr.org/en/situations/ukraine>

and access to aid in host countries. But, given the dimensions of the emergency, UN mechanisms were also activated. Global migration governance is fragmented within the UN System into two main institutions: the IOM and the UNHCR Office (Green and Pécoud 2022), although other organizations are also involved. Both have a common origin but different mandates and overlap during episodes of forced migration. The UNHCR was established in 1950 to help the millions of people that lost their homes during WWII and was later consolidated as a programme of the UN System that was fundamentally protective of refugees.

The origin of the IOM was the Provisional Intergovernmental Committee for the Movement of Migrants from Europe (PICMME) created in 1951 to promote orderly human migration and to provide services and advice to states and migrants. In 1980, it became the Intergovernmental Committee for Migration (ICM) and, in 1989, was renamed with the approval of the founding treaty (IOM, n.d.).¹⁴ In 2016, the IOM became part of the UN System through the signing of a relationship agreement (UN, n.d.).¹⁵ The IOM is not a specialized agency in the System, but it has since become the reference institution for global migration governance, especially after the adoption of the Global Compact for Safe, Orderly and Regular Migration (GCM)¹⁶ in 2018 (IOM, n.d.). For the follow-up of the GCM, the Secretary-General of the UN established the secretariat within the IOM to coordinate the UN Network on Migration.

The IOM has four major areas of work: migration and development, migration facilitation, regulation of migration and forced migration. The latter corresponds to migration crises that partly overlap with the UNHCR's mandate, and they even compete (Interview 5), especially since the IOM has gained in presence within the UN system (Green and Pécoud 2022).

The IOM's institutional design

The IOM was created as an operational body dedicated to managing displacement, but over time it has become a multi-mandate organization (Bradley 2023). However, it is seeking to expand its mandate as the reference body for migration governance (Interview, June 2023), but lacks sufficient legal instruments and material capacities.

Competences

The functions attributed to the organization in article 1 of the constituent treaty re-

14 IOM (1953) "IOM Constitution" Accessed 25 September 2023 <https://www.iom.int/iom-constitution>

15 UN (2016) Agreement concerning the Relationship between the United Nations and the International Organization for Migration. Accessed 25 September 2023 <https://digitallibrary.un.org/record/837208>

16 IOM (2016) "Global Compact for migration" Accessed 25 September 2023. <https://www.iom.int/global-compact-migration>

flect its operational nature.¹⁷ The same article specifies that the IOM shall coordinate with and respect the competences of other institutions. Initially, its work was marginal to the point that it was described as a “travel agency” for migrants (Elie 2010). This explains its weak institutional structure. The founding charter includes only two bodies: the Council (the plenary and decision-making body) and the Administration, which implements the approved plans and programmes. While the Council determines the policies and programmes, the research issues and reports, approves the budget and establishes subsidiary bodies. Apart from organizational and budgetary powers, it is not conferred external regulatory competences, so cannot make binding rules for MS. However, since the late 90s, the IOM has developed internal regulatory documents and normative frameworks on numerous topics including migration governance, humanitarian action, migration crises, monitoring and evaluations, accountability or prevention of sexual exploitation, among others (Bradley 2023).

In June 2007, the Council adopted the IOM Strategy (IOM 2007), which sets out priorities and defines the type of activities to be carried out by adding topics not included in the constitutive agreement, such as participating in coordinated humanitarian responses and providing “migration services in other emergency or post-crisis situations”. In 2007, the Standing Committee on Programmes and Finance was created as a subsidiary body responsible for reviewing policies and programs, preparing reports, submitting proposals and taking urgent decisions to be considered by the Council. All decisions are operational, not normative.

After the creation of the GCM, the IOM Strategic Vision (2019-2023) (IOM 2019) was developed, which incorporated the Sustainable Development Goals (SDGs) of the 2030 Agenda. The strategy is based on three pillars: Resilience, for a more holistic response to emergencies; Mobility, for a better migration management system; and Governance, through strengthening the capacities of governments and partnerships. Although the IOM does not have a normative capacity, some authors attribute to it a considerable capacity to shape the negotiating agenda and promote political options that end up being imposed (Pécoud 2018).

The Migration Crisis Operational Framework (MCOF) (IOM 2012) was approved in 2012 and incorporates humanitarian principles. This framework is complemented by the 2015 Principles for Humanitarian Action (PHA) and the Guidelines to Protect Migrants in Countries Experiencing Conflict or Natural Disaster (MICIC). This proactive capacity has an impact on crisis response policies. For instance, the IOM acts as a disseminator of norms and modus operandi, contributing to a convergence of policies and regulations (Bradley 2023). Another influence is through the production of information and recommendations that contribute to setting the basis of global negotiations (Brachet 2016).

¹⁷ Arrangements for transfer of migrants; transfer of refugees; provide migration and advisory services and assistance for voluntary return; forum for exchange for MS and IOs; and conduct studies.

Authority

The IOM's limited normative powers and operational nature were motivated by states' reluctance to limit their sovereignty over migration control (Pécoud 2018). The Relationship Agreement between the IOM and UN recognized the IOM's "global leading role in the field of migration" but states that it "shall function as an independent, autonomous and non-normative international organization in the working relationship with the United Nations" (art. 2). The IOM charter contains explicit subordination to the domestic legislation of states in migration matters, contrary to the traditional primacy of international law over domestic rights (Bradley et al. 2023).

When the IOM joined, the UN System was integrated into the UN governance system and subject to coordination mechanisms such as the United Nations System Chief Executives Board for Coordination, the Inter-Agency Standing Committee, the Executive Committee on Humanitarian Affairs, the Global Migration Group and the country-level security management teams (art. 3). The MCOF establishes that the primary responsibility for managing a crisis lies with the affected states according to the principles of humanitarian assistance. The IOM offers them help and resources for the plans and policies. In countries with institutional weaknesses, the IOM directly implements policies as a "quasi-governmental" actor (Pecoud 2018), with great autonomy on the ground. Some point to the IOM's influence on legislative changes. For example, Fine (2018) explains the case of Turkey during the Syrian refugee crisis: the immigration law was changed to facilitate cooperation with the EU through the advice of the IOM.

Part of the literature values the regulatory efforts that the IOM has made on sensitive issues such as the protection of migrants' rights in an effort to legitimize its activities while defending itself against competition from other agencies and criticism (Bradley 2023). However, the absence of accountability mechanisms undermines the IOM's authority. Finally, the IOM has indirect influence or *auctoritas* through the large number of publications and studies produced, such as the World Migration Report published since 2000, the Migration Research Series, the International Dialogue on Migration Series and the Migration Profiles.

Budget autonomy

The IOM experienced rapid growth without being supported by strong institutional and consolidated funding. Between 2008 and 2021, the IOM's budget doubled to US\$2,500 million (DANIDA 2022). However, few donors provide unearmarked funds to projects, making the IOM vulnerable to changing donors' preferences; instead, the IOM should attract projects performing services to states (Johansen 2023). The IOM's central budget has two sources: (1) mandatory contributions from MS, which cover the administrative

expenses; (2) operational support income, derived mainly from the project overhead rate, plus miscellaneous income such as voluntary contributions or private donations, which is expected to cover 71% of the central budget by 2023 (IOM 2022). The operational activities, which comprise 98 percent of the budget, are fully voluntary. In 2022, its total income was 2,985.7 million dollars, of which only 45.3 million corresponded to unallocated contributions, the rest being income assigned to an activity or service (IOM 2023). The movement, emergency and post-crisis programme accounted for US\$1,879.4 million, almost 2/3 of the total. The largest funders in 2022 were the United States (\$942 million), followed by the EU (514), Germany (275) and other UN agencies (241), which together accounted for 2/3 of the total budget.

Reliance on project-based funding limits the IOM's ability to engage in long-term strategic projects (DANIDA 2022). Pécoud (2018) criticized the fact that its tendency to expand the scope of its actions is related to its need to attract funding since the IOM needs the overheads provided by the projects to sustain internal institutional and training activities (Bradley 2023). To address financial insecurity, the Working Group on Budget Reform was created in 2010, and one of its proposals was to increase non-finalist funding to a level that covered the IOM's core functions, including strategic initiatives and normative capacity. This meant that the increase in mandatory contributions from MS was rejected by several members (DANIDA 2022). However, Resolution No. 31 of 28 June 2022 (IOM 2022b) on investment in the IOM's core structure by the Standing Committee on Programs and Finance recognized a structural deficit of US\$75 million and recommended that the mandatory contributions to the administrative part should increase by 60 million at a rate of 12 million per year from 2023 to 2027. This is a step towards institutional strengthening, but the bulk will continue to be finalist contributions negotiated with funders.

Institutional learning

The technical nature of the IOM's activities, its decentralized structure, coupled with its operational mandate prioritizing flexibility and efficiency with a certain entrepreneurial spirit (Bradley et al. 2023) means that the literature on international governance has not paid much attention to its performance (Pécoud 2018) and its respect of humanitarian protection. But after its incorporation into the UN System, scrutiny of it increased. The IOM's involvement in humanitarian operations during the 1991 Gulf War was a turning point in its role in the migrant crisis (Kreuder-Sonnen and Tantow 2023) due its flexibility and adaptability in a complex environment. This experience was later extended to the conflict in Libya and the Ebola crisis in Africa, where its performance was also considered successful (Kreuder-Sonnen and Tantow 2023). Thus, the IOM increased its capacity for learning and adaptation to expand its activities in diverse crisis

situations.

Its rapid growth, together with the financing model, did not contribute to strengthening its institutional capacities, supervision, risk management and accountability (DANIDA 2021). However, some reforms were undertaken: the 2021 reform of the Geneva-based headquarters included management improvement; prevention of misconduct, abuse and harassment; and the improvement of evaluation processes and information. In 2021, the IOM Monitoring and Evaluation Guidelines (IOM 2020) were adopted, deepening the results-based approach and demonstrating lessons learned for planning and establishing norms, standards, roles and responsibilities.

In May 2021, the Network on Development Evaluation of the Organization for Economic Cooperation and Development (OECD) conducted, at the request of the IOM, the first Peer Review of the IOM evaluation (UNEG/OECD 2021), which assessed the improvements made, but also pointed out that the actions undertaken were far from making it a qualified lesson-learning organization. The main shortcomings were identified in its scarcity of resources and specialized personnel and the lack of differentiation between monitoring and evaluation, especially in decentralized headquarters where evaluators were also in charge of implementation, which reduced their credibility. Therefore, a review of the evaluation function has been demanded through the establishment of work plans with necessary resources and investment in ensuring a higher quality of evaluation.

Sherwood and Bradley (2023) point out that the lack of a clear mandate and the number of diverse activities in very different sectors make transparency and monitoring difficult. That is why addressing the issue of subjection to the human rights framework raises the need for constitutional reform to clarify the role and obligations of the IOM and MS (Bradley et al. 2023).

The IOM and the Ukrainian migration crisis

The MCOF sets out the three phases (“before, during and after the crisis”) and the fifteen sectors of assistance that cover the different types of assistance depending on the type of crisis and the phase. This approach aims to identify which activities are most necessary at each time and with which actors it must be coordinated. Based on a “migration crisis approach”, it takes a multidimensional perspective on the needs of migrants and seeks to complement existing systems that privilege certain categories, covering all migratory movements. The addendum (IOM 2022c) updating the 2012 original approved in 2022 recognizes that each crisis is unique and that the response must be flexible and adapted to local circumstances.

Short-term measures

Through the IOM's Displacement Tracking Matrix (DTM), the IOM conducted surveys in Ukraine and neighbouring countries (Belarus, Republic of Moldova, Romania, Hungary, Poland and Slovakia), providing crucial information to take evidence-based humanitarian actions and to propose policies and creating a dashboard with the collected data. This instrument has been used in previous crises such as those in Venezuela, Afghanistan and Sudan to trace the movement and intentions of the displaced over time. Once it had assessed the situation, the IOM deployed the protection programme described in the Ukraine Crisis Report 2022-2023 (IOM 2023) in three categories: on the move, in location and in transition (IOM 2023). The first two correspond to the short term, while the latter corresponds to the medium term.

The measures on the move include, first, the protection programme, which involves providing information on the risks of mitigating the effects of displacement, including gender-based violence, human trafficking or exploitation and abuse through mobile teams that collaborate with governments, civil society and other humanitarian actors. In addition, the IOM assists countries in border management with the Humanitarian Border Management (HBM) programme at border crossing points (BCPs) to identify different situations and provide humanitarian assistance. The initial focus was on displacement into neighbouring countries, but as the conflict drags on, displacements are occurring in both directions.

The IOM provides specialized staff and training to national authorities. One of the measures taken to facilitate transit was the "green corridor" between Ukraine, Moldova and Romania to facilitate movement to safer locations. The IOM also collaborated with the EU Solidarity Programme to transfer refugees from Ukraine to EU countries. In safer areas, the IOM's programmes support migrants by finding accommodation and providing vital items such as bedding and Water, Sanitation and Hygiene (WASH). This assistance is facilitated by the IOM's Global Supply Chain through a logistics hub on the border with Slovakia that acts as a contingency stock, as well as two other global supply hubs in Greece and Turkey.

The IOM also collaborates with displacement centres in Ukraine, providing coordination and material support in line with the Camp Coordination and Camp Management Approach (CCCM). It also works with the Ukrainian government to establish "Invincibility Points": warm, publicly accessible sites where citizens can seek relief from very cold temperatures, access energy and internet to charge their phones and seek basic assistance. Outside Ukraine, the IOM's "Site Management Support" modality provides equipment and helps authorities cope with the impacts of displacement. The IOM also uses cash-based interventions to provide specific types of assistance, promoting the beneficiaries' agency to decide which needs to cover. Further, the IOM's health pro-

gramme ensures access to health care for beneficiaries in hard-to-reach areas and ensures health services for all categories of displaced people.

Medium-term measures

Although the war is continuing in Ukraine, people have begun to return to their homes. The IOM, through its Durable Solutions programme, assesses possibilities of return and assists affected people by supporting their relocation or return. In neighbouring host countries, the IOM is focused on socio-economic inclusion solutions for refugees to ensure access to adequate service provision. With a Memorandum of Understanding (MOU) with the Ukrainian government, in 2022, the IOM provided critical support to more than fifty local water and heating services by focusing on restoring, sustaining and modernizing their infrastructure. In September 2022, the IOM committed to supporting the delivery of health care and restoring basic public health functions in Ukraine in line with the National Recovery Plan by signing a Cooperation Agreement with the Ukrainian Ministry of Health.

The IOM also implements programmes to promote resilient communities, restoring livelihoods, providing resources to victims of human rights violations and supporting the sustainable reintegration of veterans to advance durable solutions for the displaced together with local authorities and NGOs. The IOM works with more than 120 grassroots organizations in Ukraine and neighbouring countries (90% of which are national).

Long-term measures

There is a growing demand to complete the reform of the constitutive treaty that would meet the new responsibilities and activities carried out by the IOM. According to Bradley et al. (2023), the reform should clarify the IOM's mandate. The current constitution has a very limited mandate that does not correspond to the IOM's current functions, both in the operational and in the regulatory fields, in which it is clearly underfunded. The same authors point out that the IOM should be explicitly committed to international law, including international migration law, human rights, humanitarian law and refugee law and therefore establish mechanisms to monitor compliance with them. Criticism of the management of the Rohingya crisis in Bangladesh in 2017 increased pressure to improve its transparency and accountability.

Currently constitutional reform is not envisaged, but some measures are being taken. The reform of the headquarters began in 2021, and Resolution No. 31 of June 2022 on investment in the IOM's core budget is an important step in strengthening the structure to make it more autonomous. But its subordination to internal legislation remains

untouched. The evaluation of the IOM Monitoring and Evaluation Guidelines still show weaknesses, but the initiative to carry out an external evaluation is a remarkable step towards improving its transparency and accountability. Stronger evaluations are inseparable from funding reforms and greater institutional strength to maintain a structure that allows institutional learning beyond monitoring and guarantees the independence and quality of the reviews.

Comparing performance in the face of crises: Discussion and conclusions

The two analysed organizations have very different characteristics and histories, but both have been confronted with successive crises that have tested their responsiveness, and their comparison helps us to understand the factors that contribute to strengthening or limiting the multilateral governance of crises.

Comparing institutional governance

The institutional characteristics of the two organizations differ, but both face common challenges with diverse capacities.

Competences

The WHO was created with an institutional framework equivalent to the other UN agencies, while the IOM was born with a very weak institutional structure. But the fundamental difference between them lies in their normative competences, which are much more developed for the WHO than the IOM. The WHO has the capacity to develop binding treaties and regulations. However, these have not been developed to their full potential. Indeed, the COVID-19 crisis has triggered the process of a pandemic treaty that may mean a change in pandemic crisis management governance. However, the circulating zero draft raises doubts about the role of the WHO in the implementation of the treaty and the consequences for the WHO's executive capacity. The COVID-19 pandemic has also exposed weaknesses in the IHR under review. It provides executive powers to the DG and the Emergency Committee, but in practice the effective implementation of the recommended measures depends on the will of the states. The IOM lacks normative competences: it was designed as an operational body at the service of the states, which is reflected in the constitutive agreement that contains a very minor concrete mandate. This gives it the flexibility to work in many fields, and the IOM has transferred operational competencies to frameworks such as the MCOF, which includes

humanitarian principles and guidelines, but states can choose to accept them or not voluntarily.

Authority

A lack of authority affects both institutions. In the case of the WHO, although the IHR is mandatory, the organization does not have its own mandatory dispute settlement mechanisms or instruments to sanction states for non-compliance. Nor does it have any kind of hierarchical superiority with respect to other actors such as PPPs or private agencies that have an important role in pandemic management. The treaty could change this, but the current draft does not provide enforcement mechanisms. The case of the IOM is unusual, as in its charter, it is expressly subordinated to the normative direction of the states, which is reflective of their unwillingness to cede sovereignty in the field of migration. The IOM's role is to complement both national and international frameworks.

Budgetary autonomy

Both organizations suffer from financial problems. In the case of the WHO, a step has been taken with the decision in 2023 to increase mandatory quotas that have been frozen for three decades. This gives the organization more autonomy by being guaranteed at least 50% of its regular budget. However, most operational programs such as GAVI, the Global Fund, ACT-A or CEPI are out of budget and comprise the bulk of the financial and material tools to deal with a pandemic; furthermore, the Financing Facility ended up being a fund administered by the WB. In the case of the IOM, it has experienced an accelerated growth of its budget over the last two decades, but this increase has been linked to the provision of services and programs for states. Its regular budget was also frozen, and only recently has the structural deficit that prevented it from undergoing institution-building been recognised and addressed. However, its operative activities are still entirely dependent on the agreements with states. In both cases, the financial problems respond to a lack of MS commitment to the financial autonomy of the IOs.

Institutional learning

The culture of evaluation and learning has been much more developed in the WHO than in the IOM. Over the past two decades, the WHO has undertaken numerous monitoring and evaluation mechanisms. Good management of the SARS 1 crisis had a positive impact, along with the 2005 IHR reform that strengthened the executive capacities of the GD and the Emergency Committee. The controversial management of A(H1N1) in 2009 generated a review that pointed to deficiencies in national capacities, difficulties

in adequate follow-up and lack of technical and financial capacities but led to the development of the PIP, PIRM and Implementation Plans. The 2014 Ebola crisis fuelled the creation of the GPMB and CEPI to improve preparedness. In the case of IOM, the culture of evaluation is still incipient. Its operational nature relegated accountability processes to monitoring with a very entrepreneurial approach. The recent approval of an Evaluation Policy and the external report commissioned by the OECD show progress in greater transparency according with the increase of its role in the UN system. The IO's reform efforts frequently confront the lack of implementation by MS both in the incorporation of regulations and in the provision of institutional and financial resources.

Comparing the governance of crises

Short-term measures

The WHO's short-term measures are primarily preparedness and mitigation to prevent the spread of the epidemic. As in previous crises, one of its weakest points during the COVID-19 pandemic was the delay in the declaration of alarm, but in other cases it received criticism for overacting. The Independent Panel advocates improving the information networks and establishing objective criteria to declare an emergency automatically when certain parameters are met. Other measures must include the strengthening the contingency plans of national systems and the capacity to deploy material and human resources. In the case of the IOM, having no normative capacity, its short-term reaction is putting itself at the service of MS. These actions have not been questioned in the case of Ukraine, where it has worked closely with the EU, MS and other international bodies, but it was criticized during previous crises, especially the Rohingya crisis. The main difference between the two IOs is that the WHO, having executive capacities, is subject to greater political tensions, while the operational capacities of the IOM are subject to the authority of the states.

Medium-term measures

The WHO's efforts focused mainly on vaccine development and distribution and improving technical response capabilities. The pandemics prior to COVID-19 served to generate some instruments such as the Global Surveillance Network or the ACT-Accelerator agreements that delivered vaccines in record time. However, public financing ended up enriching private corporations. The COVAX initiative did not ensure equitable access to treatments and vaccines and would be necessary to negotiate a system incorporating a permanent platform for technology transfers. The controversy about the patent liberalization in the event of a pandemic was not addressed in the zero draft, which

only suggests incentivizing entities, including manufacturers within states' respective jurisdictions.

The IOM's operational measures focus on assisting states to ensure social inclusion and services provision. In the case of Ukraine, two cooperation agreements were signed to provide water sanitation and to rebuild the health system and cooperate in rehabilitation and social cohesion programmes with local authorities and NGOs. It is not different from what it has done in other crises, although for the crisis in Venezuela, the Secretary General of the UN gave a leadership role to the IOM together with the UNHCR that it does not have in the Ukraine crisis, where the EU and MS have taken a preponderant role. The WHO's problems derived from its incapacity to lead the manufacturing and distribution of vaccines, while the IOM is limited to complementing the measures decided by the states. Both issues denote a lack of autonomy.

Long-term measures

In line with its culture of evaluation and learning, the WHO is undertaking a new process of reforms. The negotiation of a new agreement on pandemics aims to strengthen the regulatory regime but will not be effective if, in addition, operational capacities are not strengthened. The reform of the IHR must be accompanied by the necessary resources to help the states with the greatest deficiencies to strengthen their response capacities. Improving the response also requires better funding to enable a rapid response, but the Pandemic Fund hosted by the WB contributes to the fragmentation of the system.

In the case of the IOM, the ongoing crisis can accelerate the reform agenda undertaken in recent years, especially an institution-strengthening, capacity-building and budgetary reform that should help develop its autonomy. There are many voices calling for a reform of the constitutive treaty that allows it to evolve from its operational character to a more substantive one in line with the GCM's ambitions, but before that, a strengthening of the evaluation policy would be desirable to strengthen the confidence of states and other donors.

The WHO intends to strengthen its regulatory role, but there is no will on the part of the states to provide it with effective authority over MS. In the case of the IOM, strengthening its regulatory capacity is off the agenda in line with the low degree of regulation in the migration regime.

Below is a comparative table of the main findings of the comparative study:

Perspectives	Features	WHO	IOM
Performance of the IO	Competences	Strong institutional structure Strong normative competences, but underdeveloped Executive competences in crisis management with an executive committee Low operational competences	Weak institutional structure No normative competences, only recommendations and framework documents Low executive competences High operational competences in many areas
	Authority	Lack of binding dispute settlement mechanisms Lack of sanctions	Subordination to national legislation
	Budgetary autonomy	Dependence on voluntary contributions Privatization and fragmentation	Dependence on project-based financing
	Institutional learning	Strong evaluation processes Reforms based on learning processes	Weak evaluation processes Weak learning culture, but improving
Crisis management	Short-term measures	Late emergency declaration Weakens in some information systems Problems with supply system	Displacement Tracking Matrix Protection Programme Humanitarian Border Management (HBM) Green corridor Global Supply Chain
	Medium-term measures	Fast development of vaccines ACT-Accelerator Slow vaccines distribution COVAX Lack of patent liberalization C-TAP COVID-19 Solidarity Therapeutical Resource Mapping (REMAP)	MOU with the Ukrainian government to supply water sanitation Cooperation agreement with the Ministry of Health Cooperation with local authorities and NGOs
	Long-term measures	Independent panel recommendations Negotiation of a Pandemic Agreement IHR Reform Pandemic Fund Budgetary reform	Evaluation policy Budgetary reform Institutional reform

Lessons and conclusions

The exercise of comparing the role played by the two specific international agencies, the WHO and IOM, in response to recent major transnational crises gives us a first overview of the reactive actions they have deployed in a short time, the reflective measures designed to adapt to the characteristics of each crisis, the changes in the crisis governance in each of the two sectors and to what extent they have contributed to strengthening the international regimes. We also addressed the main institutional obstacles affecting their performance in crisis governance. Both bodies, with a different history, structure and mandate, face common challenges. They are repeatedly confronted with crises, so risk management is part of their mandate, but they do not have all the necessary tools to confront it. The question as to whether crises strengthen multilateralism or weaken it does not have a closed answer, but some conclusions can be drawn.

Institutional shortcomings related to the autonomy and authority of the organization impact its ability to coordinate a response to crises, but operational capacity depends more on the available resources and the commitment of states to the implementation of policies. The two organizations have launched reordering processes after the respective crises, but their scope differs in part due to their differing natures - more normative in the case of the WHO and more operational in that of the IOM. In the case of the WHO, the successive crises have been challenging for the organization and generated both regulatory and institutional changes, as well as ad hoc responses to the emergency. Thus, we can say that crises have revealed weaknesses, but they have also been the trigger for creative responses that then generate institutional changes that potentially strengthen multilateralism. In the case of the IOM, being an organization with low institutional and normative capacity, crises have not had such a clear effect on legal and institutional reform. Its flexibility has allowed it to expand its areas of action in the face of crises and therefore strengthened its agency capacity in the governance of migration, although this has been limited by its vague mandate.

The two institutions face legitimacy problems, especially related to their state dependency and relations with some non-governmental actors. The need for further development of transparency mechanisms is a common demand. There is also a lack of financial autonomy, which shows the unwillingness of states to provide the necessary resources to IOs despite increasing the demands placed on them to face crises. Another common, unsolved problem is how to manage the complexity of multidimensional crises such as those faced by both organizations and incorporate the different involved actors transparently.

Institutional weaknesses are one of the main causes of the difficulties in improving the governance of crises, but both IOs have deployed strategies to deal with new challenges in each crisis and made a great effort to provide frameworks for action in crisis situ-

ations; nevertheless, their non-binding nature weakens their effectiveness. A binding regulatory framework is necessary, but it needs to be accompanied by operational instruments and executive capacities in a balanced way. But as former WHO DG Gro Harlem Brundtland pointed out, referring to the problems of UN System reform (Brundtland 2019), much of the blame for multilateralism's problems lies with member states and their resistance to ceding sovereignty.

References

Alexander, David E. (2002). *Principles of Emergency Planning and Management*. Oxford: Oxford University Press.

Allan, Maya; Lièvre, Maja; Laurenson-Schafer, Henry; de Barros, Stéphane; Jinnai, Yuka; Andrews, Sophie; Stricker, Thomas; Perez Formigo, Jesus; Schultz, Craig; Perrocheau, Anne and Fitzner, Julia (2022) "The World Health Organization COVID-19 surveillance database" *International Journal for Equity in Health* Vol. 1, Supplement 3.

Alter, Karen and Raustiala, Kal (2018). "The rise of International Regime Complexity." *Annual Review of Law and Social Science*. Volume 14:329-249, July 6, 2018.

Alves da Siva, Luiza and Siqueira Rapini, Márcia (2022) "Suitability of two WHO research and development initiatives for COVID-19 to promote equitable innovation: the Access to COVID-19 Tools Accelerator and COVID-19 Technology Access Pool" *Revista Panamericana de Salud Publica*. 46: e194.

Arguedas-Ramirez, Gabriela (2022) "A Call to Action Against Persistent Lack of Transparency in Vaccine Pricing Practices During the COVID-19 Pandemic" *Annals of Global Health* 88 (1): 87.

Aust, Helmut and Riemer, Lena (2023) "A Human Rights Due Diligence Policy for IOM?" in Bradley et al., *IOM Unbound? Obligations and Accountability of the International Organization for migration in an era of Expansion*. Cambridge University Press.

Aydin, Umut (2021) "Emerging middle powers and the liberal international order" *International Affairs*, Volume 97, Issue 5, September 2021, Pages 1377-1394,

Benedict, Kennette (2015) "Global Governance" in *International Encyclopedia of the Social & Behavioral Sciences* (Second Edition).

Bernes, Thomas (2020) "COVID-19: "The Failure of G20", in *Centre for International Governance Innovation* May 26.

Bisong, Ammanda and Koll, Anna (2020) "Mapping private sector engagement along the migration Cycle" Report, *ECDPM*, 16 March

Brachet, Julien. 2016. "Policing the Desert: The IOM in Libya Beyond War and Peace." *Antipode* 48 (2): 272-292.

Bradley, Megan and Costello, Cathryn and Sherwood, Angela (2023) *IOM Unbound? Obligations and Accountability of the International Organization for migration in an era of Expansion*. Cambridge University Press, pp. 267

Bradley, Megan (2023) "Who and What Is IOM For? The Evolution of IOM's Mandate, Policies, and Obligations" in Bradley et al. (2023)

Bradley, Megan and Erdilmen, Merve (2022) "Is the International Organization for Migration legitimate? Rights-talk, protection commitments and the legitimation of IOM" *Journal of Ethnic and Migration Studies*, Volume 49, 2023 - Issue 9

Brundtland, Gro Harlem (2019). "A Time for Bold Reforms" *UN Chronicle*.

Clark, Helen and Johnson, Ellen (2021) "Make it the Last Pandemic" *The independent Panel*

Clift, Charles (2013) "The Role of the World Health Organization in the International System" *Centre on Global Health Security Working Group Papers*, Chatham House.

Coen, David et al (2022), "Making global public policy work: A survey of international organization effectiveness", *Global policy*, vol 13, num 5., nov 2022 .

Coen, David; Kreienkamp, Julia; Pegram, Tom; Tokhi, Alexandros (2021). "No Leverage Without Authority? Comparing the Effectiveness of International Organizations Across GLOBE Issue Areas" *GLOBE Report*, November 2021.

Coen, David and Pegram, Tom (2015) "Wanted: A third generation of Global Governance Research", *Governance*, Volume 28, Issue 4 October pages 417-420.

Debre, Maria Josepha and Dijkstra, Hylke (2021) "COVID-19 and Policy Responses by International Organizations: Crisis of Liberal International Order or Window of Opportunity?" in *Global Policy* Volume 12. Issue 4. September 2021.

DANIDA (2022) "Draft Strategy for Denmark's engagement with International Organization for Migration 2023-2026" *Ministry of Foreign Affairs of Denmark*

Diez de Velasco, Manuel (2010) "Las Organizaciones Internacionales" *Editorial TECNOS* Edicion 16^a

Elie, Jerome (2010) "The historical roots of Cooperation between the UN High Commissioner for Refugees and the International Organization of Migration" *Global Governance* 16 (3) <https://law-journals-books.vlex.com/vid/roots-cooperation-refugees-migration-234995958>

Elkbuli, Adel, Herrera, Maria; Awan, Muhammed and El Assad, Carol (2021) “Striving towards an effective emergency preparedness and disaster management response: Lessons learned and future directions” *Am J Emerg Med*. 2021 Dec;50:804-805

Ericsson, K, Staube-Delgado, Reidar and Holst, Jorgen (2021) “Drawing Lessons from the COVID-19 pandemic: Seven Obstacles to learning from public inquiries in the wake of the crisis” *Risk, Hazards crisis in public Policy*, Volume 13, Issue 2 pages 95-199.

EU (2001) “Council Directive 2001/55/EC of 20 July 2001 on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between Member States in receiving such persons and bearing the consequences thereof” 20 July

Fine, Shoshana (2018) “Liaisons, Labelling and Laws: International Organization for Migration Bordercratic Interventions in Turkey.” *Journal of Ethnic and Migration Studies* 44 (10)

Frowd, Philippe M. (2018). “Developmental Borderwork and the International Organization for Migration.” *Journal of Ethnic and Migration Studies* 44 (10).

Garenne, Lucie and Ghatak, Maitreesh (2020) “How to reorganise the World Health Organization - and how to finance it” *LSE Business review* 5th June

Gerbaudo, Paolo (2020) “The Pandemic Crowd: Protest in the time of COVID-19” *Journal of International Affairs* Vol. 73 n° 2 pp. 61-76.

Gilbert, Geoff (2023) “*The International Organization for Migration in Humanitarian Scenarios*” in Bradley et al. (2023)

Green, Brandon and Pécoud, Antoine (2022) “How does the UN talk about human mobility? A textual analysis of narratives by IOM and UNHCR on migrants and refugees” Working Papers n° 2022/7 *Toronto Metropolitan Centre for immigration and Settlement*.

Guzman, A. T. (2008). *How International Law Works: A Rational Choice Theory*. Oxford: Oxford University Press.

Henning, R. (2019). “Regime complexity and the institutions of crisis and development finance.” *Development and Change*, 50(1), pp. 24-45.

Ikenberry, John (2018) “The end of liberal international order?” *International Affairs*, Volume 94, Issue 1, January 2018, Pages 7-23.

ILO (2022) “Independent High-Level Evaluation of ILO’s COVID-19 response 2020-22” *Evaluation Office ILO*, Geneve.

IOM (2023) “IOM Ukraine Internal Displacement Report: General Population Survey Round 13 (June 2023)”

- IOM (2023) “Ukraine Crisis 2022-2023: 1 Year of Response” Geneve.
- IOM (2023b) “Financial Report for the year ended December 2022” (C/114/3)
- IOM (2022) “Programme and Budget for 2023” C/113/7 14 October
- IOM (2022b) “Investing in the core structure of IOM” Resolution n° 31 S/30/RES/31, 28 June
- IOM (2022c) “Addressing the mobility dimensions of crises: IOM migration crisis operational framework - 2021 Addendum” S/30/INF/1 7 February
- IOM (2019) “Strategic Vision: Setting a Course for IOM” IOM, Geneva
- IOM (2020) “IOM Monitoring and Evaluation Guidelines” IOM Geneva
- IOM (2016) “Global Compact for migration” Accessed 25 September 2023. <https://www.iom.int/global-compact-migration>
- IOM (2012) “Migration Crisis Operational Framework” Resolution No. 1243 of 27 November. Accessed 25 September, 2023. <https://www.iom.int/mcof>
- IOM (2007) ”IOM Strategy” MC/INF/287.
- IOM (1953) “IOM Constitution” Accessed 25 September 2023. <https://www.iom.int/iom-constitution>
- Jang, J., McSparren, J. & Rashchupkina, Y. (2016) “Global governance: present and future.” *Palgrave Commun* 2, 15045 <https://doi.org/10.1057/palcomms.2015.45>
- Johansen, Sian Obi (2023) “An Assessment of IOM’s Human Rights Obligations and Accountability Mechanisms” in Bradley et al. (2023)
- Johnson, Ellen and Clark, Hellen (2023) “A roadmap for a world protected from pandemic threats” *The Independent panel*, May.
- Johnson, Ellen and Clark, Hellen (2022) “Transforming or tinkering? Inaction lays the groundwork for another pandemic” *The Independent Panel*.
- Jones, Lee and Hameiri Shahar (2022) “Explaining the failure of global health governance during VIOD-19” *International Affairs*, Volume 98 Issue 6 November, pages 2057-2076
- Klabbers, Jan (2023) “*The (Possible) Responsibility of IOM under International Law*” in Bradley et al. (2023).
- Klabbers, Jan (2019) “The normative gap in International Organizations Law; The case of the World Health Organization”, *International organizations law review*, vol 16, n° 2 pp. 272-298, i.

Koser, Khalid (2010) "Introduction: International Migration and Global Governance" *Global Governance*, Vol. 16, No. 3, International Migration (July-Sept. 2010)

Kreuder-Sonnen, Christian and Tantow, Philip (2023) "*Crisis and Change at IOM. Critical Juncture, Precedents, and Task Expansion*" in Bradley et al. (2023)

Lall, R. (2017). "Beyond Institutional Design: Explaining the Performance of International Organizations." *International Organization*, 71 (2), pp. 245 - 280.

Larionova M., Kirton J. (2020) "Global Governance After the COVID-19 Crisis." *International Organisations Research Journal*, vol. 15, no 2, pp. 7-17.

Levy, 2021) "COVID-19 and Global Governance" *Journal of Management Studies* 58:2 pag. 562-566, March.

Low, Donald and McGeer, Allison (2010) "Pandemic (H1N1) 2009: assessing the response" *Canadian Medical Association Journal*, Nov 23; 182(17): 1874-1878.

Mazumbaru, Srivinas (2020) "What influence does China have over the WHO?" *Deutsche Welle* 4 July

Meiches, Benjamin and Hopkins, Raimon (2012) *Regime Theory*, Oxford University Press

Pécoud, Antoine (2017) "What do we know about the International Organization for Migration?" *Journal of Ethnic and Migration Studies*, Volume 44, 2018 - Issue 10:

Peters, B. Guy (2021) "Governing in a time of global crises: the good, the bad, and the merely normal" *GPPG* 1, 4-19

Privor-Dumm, Lois; Excler, Jean-Louis; Gilbert, Sarah; Abdool Karim, Salim; Hotez, Peter; Thompson, Didi and H Kim, Jerome (2023) "Vaccine access, equity and justice: COVID-19 vaccines and vaccination" *BMJ Glob Health*. 2023; 8(6): e011881

Rosenthal, A.; Boin & Comfort (2001) *The changing world of crises and crisis management*, Charles C Thomas Publisher, USA.

Schuette, Leonard and Dijkstra, Hylke (2023) "The show must go on: The EU's quest to sustain multilateral institutions since 2016" *Journal on Common Market Studies*. Vol. 65, Issue 5

Sherwood, Angela and Bradley, Megan (2023) "*Holding IOM to Account. The Role of International Human Rights Advocacy NGOs*" in Bradley et al (2023)

Simmons, B. A. (2002). "Capacity, Commitment and Compliance: International Law and the Settlement of Territorial Disputes." *Journal of Conflict Resolution*, 46 (6), pp. 829-856.

Taraniuk, L., D'yakonova, I., Taraniuk, K., & Qiu, H. (2020). "Basic Financing Principles

of Anti-Covid Measures: The Case of the Bank for International Settlements.” *Health Economics and Management Review*,2,43-50.

Testori, Paula and Regazzoni, Carlos Javier (2022) “COVID-19 After Two Years: The failure of Pandemic governance” *Global Memo* January 19

Tagliabue, Fabio; Galassi, Luca and Mariani, Pierpaolo (2020) “The “Pandemic” of Disinformation in COVID-19” *SN Comprehensive Clinical Medicine* 2, 1287-1289.

UN “WHO chief declares end to COVID-19 as a global health emergency”, accessed 25 September 2023 https://www.un.org/coronavirus?_gl=1*yxwulk*_ga*MTAxNjcwO-TU4Ny4xNjg0ODMyMTlw*_ga_TK9BQL5X7Z*MTY4ODM4MjY4Ny41LjAuMTY4ODM4MjY4Ny4wLjAuMA

UN (2016) “Agreement concerning the Relationship between the United Nations and the International Organization for Migration.” Accessed 25 September 2023 <https://digitallibrary.un.org/record/837208>

UNEG/OECD (2021) “Peer review of the International Organization for Migration evaluation Function (IOM)2 May 2021

UNHCR “Operational Data Portal. Ukraine Refugee Situation” Accessed 25 September 2023. <https://data.unhcr.org/en/situations/ukraine>

UNHCR (2022) “Ukraine Situation Regional Refugee Response Plan. March-December 2022”

Van Ecke, Steven; Fuhr, Harald and Wolfs, Wouter (2021), “The politics of crisis management by regional and international organizations in fighting against a global pandemic: the member states at a crossroads” in *International Review of Administrative Sciences* 2021, Vol. 87(3) 672-690.

Velasquez, German (2023) “Where Global Health funding Come from and where does it go” Research Paper 176 *South Centre*, March 29.

Velasquez, Germán (2020) “The World Health Organization Reforms in the time of COVID-19” *South Centre* Research paper 121.

Velasquez, German (2014) “Public-private Partnerships in Global Health. Putting Business Before Health?” Research Paper n° 49 *Geneva South Centre*, January

Wahnich, Stéphane (2022) “Introduction: The construction of legitimacy and authority: democracies facing Covid-19.” *Argumentation and Analyse du Discours* n° 28

WB, WTO, WHO and IMF “Multilateral Task Force on COVID-19” Accessed 25 September 2023. <https://www.covid19taskforce.com/en/programs/task-force-on-covid-19-vaccines>

WHO “Financing of 2020-2021 Biennium” accessed 25 September 2023 <http://open.who.int/2020-21/budget-and-financing/summary.accessed>

WHO “ACT Accelerator” Accessed September 2023 <https://www.act-a.org/about>

WHO “Resource Mapping” Accessed 25 September 2023 <https://extranet.who.int/sph/resource-mapping>

WHO “Timeline: WHO’s COVID-19 response” accessed 25 September 2023 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline>.

WHO “COVID-19 IHR Emergency Committee” accessed 25 September 2023 <https://www.who.int/groups/covid-19-ihr-emergency-committee>

WHO “Infodemic” Accessed 25 September 2023 https://www.who.int/health-topics/infodemic#tab=tab_1

WHO (2023) “From emergency response to long-term COVID-19 disease management: sustaining gains made during the COVID-19 pandemic” 3 May.

WHO (2023b) “Pandemic influenza preparedness framework: partnership contribution high-level implementation plan III 2024-2030” 19 April pp. 106

WHO (2023c) “Public health emergencies: preparedness and response” A76/8, 17 May

WHO (2023d) “Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting” A/INB/4/3 WHO (2022) “Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience” March 2022.

WHO (2022b) “WHO policy brief: COVID-19 infodemic management” 14 September 2022, pp 5

WHO (2021) “Pandemic influenza preparedness Framework” United Nations, Second Edition.

WHO (2021b) “Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)” EB148/19, 12 January

WHO (2011) “Implementation of the International Health Regulations (2005)” A64/10, 5 May, Accessed 25 September 2023 https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf

Wolbers, Jeroen; Kuipers, Sanneke and Boin, Arjen (2021), “A systematic review of 20 years of crisis and disaster research: Trends and progress”, *Risks Hazards Crisis Public Policy*. 2021;12:374-392.

Yang, Hai (2021) “Contesting Legitimacy of Global Governance Institutions: The Case of

the World Health Organization During the Coronavirus”, *International Studies Review* (2021) 0, 1-22.

Yoo, Hateliyn; Mehta, Akriti; Mak, Joshua; Bishai, David; Chansa, Collins and Patenaude, Bryan (2022) “COVAX and equitable access to COVID-19 vaccine” *Bulletin World Health Organization* May 1; 100(5): 315-328.

Youde, Jeremy (2020) “Does the World Health Organization have the freedom to do what it needs to do about covid-19?” *The Washinton Post* March 4

Young, O. R. (2021). *Grand Challenges of Planetary Governance: Global Order in Turbulent Times*. Cheltenham: Edward Elgar.

Zakaria, Fareed (2011) *The Post-American World: And The Rise Of The Rest*, Penguin Books Limited, 2011 - 336.

Zürn, Michael (2018). “Contested Global Governance.” *Global Policy* 9 (1), pp. 138-145.

List of interviews

Interview 1 - Senior researcher at an international NGO specialized in health (30 May 2023)

Interview 2 - Special advisor at a think tank and former official at the WHO (19 May 2023)

Interview 3 - Public health expert, former unit director at the WHO and former national advisor on public health policies (21 June 2023)

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Interview 5 - International consultant in a think tank on migration and former official in the migration secretary of a national Ministry (20 June 2023)

Interview 6 - Officer in a national IOM delegation (13 July 2023)