Politicizing Global Governance Institutions in Times of Crisis

The Case of World Health Organization during the Coronavirus Pandemic

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Abstract

This article examines the politicization of the World Health Organization (WHO) over the course of the coronavirus pandemic (January–December 2020), a paradigmatic case of politicization of global governance institutions. During the pandemic, the WHO was subjected to considerable scrutiny and contestation. This research focuses on politicization at the level of behavior and discourse. Conceptually, it leverages the analytic purchase of politicization and framing. Empirically, it is based on a corpus comprising 505 texts gathered from key actors involved. The analysis not only lays bare the varying demands and arguments vis-à-vis the WHO, but foregrounds the broad consensus among the actors examined (barring the Donald Trump administration) on the imperative to support the organization. Additionally, seven distinct frames on the WHO are identified: *Puppet, Handcuffed, Scapegoat, Irreplaceable, Botched, Comme il faut*, and *Battleground*. Together, they offer a holistic overview of the diverse perspectives on the WHO and its pandemic response.

Keywords

World Health Organization – global governance institutions – politicization – framing

> Placing WHO in the vortex of geopolitical tensions, as has occurred during the COVID-19 pandemic, is destructive and the USA must not cause or add to the politicization of WHO.[1]

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1 Gostin et al. 2021, 6.

1   Introduction

Politicization has become increasingly prevalent within global governance. The confluence of greater authority (expected to be) exercised by global governance institutions (GGIs)[2] and increasing transnational mobilization vis-à-vis GGIs' policies or procedures have triggered growing levels of politicization.[3] For the sake of clarity, *politicization of GGIs* is defined here as the practice of subjecting GGIs and their rules, procedures, and policies to public contestation.[4] Among the many cases, few are more salient than the politicization of the World Health Organization (WHO), not least during global health crises.

The WHO is a specialized UN agency tasked with addressing global health issues. Yet it has been marked by an underlying tension between its (desired) identity as a technical-scientific authority with a focus on health matters and its assemblage of 194 Member States that renders it susceptible to political pressure and contestation. Such tension has been foregrounded by its patchy performance during global health crises. For example, the performance of the WHO was sometimes heavily criticized over the course of the HIV/AIDS pandemic in the 1990s and 2000s, the SARS endemic (2002–2003), the H1N1 influenza pandemic (2009), and the Ebola outbreaks of 2014–2016. Other issues, including its broadly defined mandate ("health for all" leading to mission creep),[5] donor-driven work program,[6] fragmented governance,[7] funding and legal constraints, have also raised questions. During the coronavirus pandemic, the catapulting of the WHO (back) to prominence, the resurfacing of unresolved structural problems, and the "vortex of geopolitical tensions" (especially power politics between the United States and China via the WHO) converged and resulted in a paradigmatic case of GGI politicization.

Throughout the pandemic, the WHO was operating in a highly divisive political environment and subjected to considerable scrutiny. It drew a barrage of criticism on the grounds that it was beholden to China, bungled the initial response, and equivocated on such issues as human-to-human transmission. In particular, US president Donald Trump took aim at the agency for "severely mismanaging and covering up the spread of the coronavirus."[8] The

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2   GGIs generally cover a diversity of formal and informal multilateral entities, see Buchanan and Keohane 2006, 406.
3   Keck and Sikkink 1998; Zürn, Binder, and Ecker-Ehrhardt 2012.
4   Zürn 2014.
5   Hanrieder 2020, 534.
6   Lee and Piper 2020, 527.
7   Graham 2014.
8   White House 2020a.

consensus on the need for an independent review into the WHO-led international response, as reflected in the resolution adopted at the 73rd World Health Assembly (WHA), also attested to a loss of confidence.

Meanwhile, the WHO was supported by a variety of actors, including governments, intergovernmental and nongovernmental organizations, scientists, health professionals, and media. They reaffirmed its centrality in global health governance and the appropriateness of its response. For example, in response to Trump's allegation of incompetence, a *Nature* editorial opined, "Leading public-health researchers and practitioners agree that, so far in the current crisis, the agency has offered leadership and acted according to the evidence it has received."[9] Some, while recognizing the WHO's failings, ascribed them to institutional constraints imposed by members. As Kelley Lee and Julianne Piper stated,

> The frustrations with the WHO for not calling out governments for their noncompliance with the IHR [International Health Regulations] seem misplaced given a governance structure that upholds the primacy of Member States, a budget that makes the organization a hostage to fortune, and a constitution that bestows no enforcement powers.[10]

Contestation between actors with diverging demands and competing claims sparked considerable politicization, which constitutes the focus of this study. This study falls in line with the conceptualization of politicization elaborated by Michael Zürn, who considers increasing resistance and intensive utilization as forms of politicization, and assesses it through three indicators: rising awareness, mobilization, and contestation.[11] My research is concerned with mobilization and (framing) contestation surrounding the WHO. In conjunction with the concept of politicization, I use *cultural framing*—an apparatus of enquiry suited for uncovering diverse interpretations of a topic—to dissect the substance of contestation.

This article proceeds as follows. First, in the conceptual sections I introduce and explicate some key elements of politicization and cultural framing to set the stage for analysis, following this with a note on data collection and treatment. Then, in the empirical sections, I spell out the process of mobilization as substantiated in actions and of contestation as shown in the juxtaposition of

9   *Nature* 2020a.
10   Lee and Piper 2020, 525.
11   Zürn 2014, 2019.

different interpretations. I conclude the article with a discussion on some key findings and implications.

2   Politicization

The politicization of GGIs is "a relatively new development."[12] In the absence of substantial public interest and mobilization, many past decisions made at the global level were rarely discussed, let alone politicized. Nevertheless, since the 1980s and 1990s, there has been "a trend of increasing politicization of international politics."[13] GGIs are increasingly being politicized by governmental-political and societal actors.

A burgeoning body of research has examined the increasing politicization of GGIs. In general, the existing literature has focused almost exclusively on the causes of growing politicization, attributing it to the rising interest and ability of the public to participate in the global decisionmaking owing to the transnationalization of social movements,[14] increased authority exercised by GGIs and legitimacy required of them,[15] and political-identity cleavages or structural conflicts inside institutions.[16] What is largely missing are empirical studies of the politicizing process and, more specifically, how an institution is politicized at a given moment trigged by a specific policy event or crisis. This article offers such an in-depth case study.

Although scholars diverge on the causes behind the increasing politicization of GGIs, they seem to concur that, for politicization to happen, there should be a certain degree of publicly visible contestation. For example, Thomas Rixen and Bernhard Zangl postulate "politicization is given if issues that did not catch the eye of the general public previously are debated in the public sphere."[17] Swen Hutter and Hanspeter Kriesi define *politicization* as "the process of more publicly visible contestation."[18] In the same vein, Michael Zürn conceives of it as "making a matter a subject of public discussion" and, in so doing, rendering previously unpolitical issues political.[19]

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12   Zürn, Binder, and Ecker-Ehrhardt 2012, 74.
13   Rixen and Zangl 2013, 364.
14   Della Porta and Caiani 2009; Keck and Sikkink 1998.
15   Zürn 2014; Zürn, Binder, and Ecker-Ehrhardt 2012.
16   Hooghe and Marks 2018; Hutter and Kriesi 2019.
17   Rixen and Zangl 2013, 365.
18   Hutter and Kriesi 2019, 997.
19   Zürn 2014, 48.

Further, Zürn operationalizes politicization through three indicators: rising awareness, mobilization, and contestation.[20] Equally, politicization of GGIs can take the form of either authority-challenging legitimacy-undermining resistance or more intensive recourse to institutions to achieve preferred goals.[21] Elsewhere, I have examined the WHO debate during Covid-19 through the prism of (de)legitimation by looking into how different key actors sought to discursively contest or shore up the legitimacy of the agency.[22] This article focuses on politicization, a process related to, but distinct from, (de)legitimation.[23] Specifically, I analyze the process along the lines of mobilization and contestation. I did not include rising awareness, as the upsurge of interest in the WHO has been all but clear since the onset of the pandemic.

Actors involved in the process are agents of politicization. They can be governmental bodies, political parties, experts, interest groups, media, and activists. States, despite being the principal stakeholders of GGIs, may be incentivized to politicize the very institutions they created for solving transnational problems. This is because GGIs can serve as a scapegoat or as a collective legitimating force for controversial decisions made at the national level, thereby allowing national governments to deflect blame for policy blunders or implement policies that would otherwise be met with more resistance.[24] Political parties or groups, not least parliamentary opposition, can question the position of their government adopted vis-à-vis GGIs. As for the broad range of societal actors, such as transnational advocacy networks and politically engaged activists, GGIs constitute a promising avenue for lobbying for their cause, not least when domestic political opportunity structure is unconducive to mobilization. With regard to the media, they generally gravitate to contestations and conflicts.

Politicization of GGIs can straddle three levels: the decisionmaking that entails *politics* (*politicking*) between actors with varying demands, the outcome of decisionmaking materializing into *policies*, and the *polity* responsible for decisionmaking.[25] Also, the level of politicization does not increase in a linear fashion, but is characterized by a "patchwork of politicizing moments" during which issues of little or no salience suddenly become subjects of public

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20   Zürn 2014, 50.
21   Zürn 2019, 986.
22   Yang 2021.
23   Zürn, Binder, and Ecker-Ehrhardt 2012.
24   Dreher and Gassebner 2012; Claude 1966.
25   De Wilde and Zürn 2012, 140.

debate.[26] With a particular trigger gone, politicization may recede until the next one returns it to the fore.

3   Cultural Framing

As stated above, politicization is studied here through substantive and discursive practices. I introduce framing to supplement the conception of politicization and, specifically, to operationalize contestation at the discursive level. *Framing* can be understood as an inclusive umbrella term for a rather diverse set of concepts and theoretical approaches on how individuals or groups organize, perceive, interpret, and communicate the social reality.[27] Conceptualizations of framing (or frame) abound. A *frame* is defined as a "schemata of interpretation" that imbues meaning and coherence into otherwise disorganized events,[28] as "principles of selection, emphasis and presentation" that organize information for audiences,[29] and as "a central organizing idea … for making sense of relevant events."[30] Noting the tendency to incorporate selection and salience in disparate definitions, Robert M. Entman posits that "to frame is to select some aspects of a perceived reality and make them more salient."[31]

To render the concept of a frame more operational, Baldwin Van Gorp proposes a cultural constructionist approach. Drawing on elements from the constructionist research, he conceives of a frame as a latent "meta-communicative message" that is couched in culture and directed from framing actors toward audiences.[32] Cultural frames tap into a rich repertoire of cultural elements shared by communicating actors and their audiences to reconstruct meaning categories. This endows cultural frames with a strong defining capacity since it offers cognitive shortcuts and makes the encoded message more familiar and, consequently, more likely to be perceived by audience members.

To facilitate the identification of cultural frames, Van Gorp treats frames as part and parcel of an interpretive package constitutive of "a cluster of logical organized devices that function as an identity kit for a frame."[33] Substantively, a cultural frame is embedded in a package that consists, beyond the actual frame,

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26   Hutter and Kriesi 2019, 997.

27   D'Angelo 2002.

28   Goffman 1974, 21.

29   Gitlin 1980, 6.

30   Gamson and Modigliani 1989, 3.

31   Entman 1993, 52.

32   Van Gorp 2005, 486.

33   Van Gorp 2007, 64.

of framing devices and reasoning devices. A frame is the central organizing idea and is represented by a condensed cultural code such as a myth, narrative, norm, value, or symbol. Framing devices are the manifest elements in a communicating text such as metaphors, catchphrases, images, tables, and figures.[34] Reasoning devices correspond to the functions of framing: define problems, diagnose causes, make moral judgments, and suggest remedies.[35] Together, they form a chain of reasoning and justify a particular course of action.

The power of framing is cognate to the fact that an issue can often be interpreted from different perspectives. As Murray Edelman puts it, "The social world … is a kaleidoscope of potential realities, any of which can be readily evoked by altering the ways in which observations are framed and categorized."[36] In this light, framing is an integral part of politicization, which is characterized by public contestation and involves an eclectic set of different perspectives (i.e., frames) prescribing different courses of action. The polarized debate surrounding the WHO and its pandemic response is clearly an example of a framing contest.

4   Data and Method

To understand the politicization of the WHO during the pandemic, my research relies on a purpose-built dataset covering the period January–December 2020. Substantively, data were gathered from actors that featured prominently in the WHO debate, whose public expression of diverging perspectives and public mobilization of competing preferences contributed, to a varying degree, to the politicization of the WHO and its policymaking and policies during Covid-19. Data were first gathered from the WHO. All the speeches of its director-general in the Covid-19 context, most of which were delivered at the start of WHO Covid-19 emergency press conferences, were included. For other actors, texts were searched by combining the keywords of "World Health Organization" or "WHO" and "Covid-19" or "Coronavirus." Substantively, texts were extracted from the official websites of seven governments: China, the United States, Germany, France, the United Kingdom, Japan, and Australia.[37] Given the lack of bipartisanship for WHO decisions in the United States, bills and resolutions sponsored by congressional Democrats were also included.

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34   Gamson and Modigliani 1989, 3.
35   Entman 1993, 52.
36   Edelman 1993, 232.
37   All the searches were limited to the English-language versions of the government websites.

Apart from the WHO and seven Member States, the study included data relatively representative of the quality press and the global medical-scientific community, two types of actors that actively weighed in on the debate and provided critical reflections on claims advanced by political actors. News media, "a site on which various social groups, institutions, and ideologies struggle over the definition and construction of social reality,"[38] constitute an ideal avenue for studying contestation that involves multiple actors. During the Covid-19 pandemic, quality press played a central role in the politicization process by reporting and, more importantly, assessing the contrasting perspectives embedded in the WHO debate from a wide array of actors. This study focuses on three elite newspapers in the United States: the *New York Times*, *Wall Street Journal*, and *Washington Post*. Focusing on these newspapers is motivated not only by their considerable domestic and international influence but, more importantly, by the Trump administration's salient role in contesting and politicizing the WHO. Finally, editorials and commentaries from four globally renowned scientific journals: *The Lancet*, the *New England Journal of Medicine*, *Science*, and *Nature*, were included to canvass the opinions among medical professionals and scientists. A total of 505 texts were included in the dataset (see Appendix 1 for a breakdown). It should be stressed that this study followed a purposive sampling method, focusing primarily on political actors that featured prominently in politicization. This inevitably led to the exclusion of some actors such as nongovernmental organizations, which are discussed only briefly in the section on mobilization. Equally, while data from the US quality press and global medical-scientific community were relatively representative, they can belie nuanced differences in media coverage across countries and assessments by health-scientific professionals. The dataset was then used to substantiate the analysis of politicization in the form of mobilization and contestation. For mobilization, data were used to bear out the substantive action taken by actors to protest against or support the WHO. For contestation, the diverse empirics enabled a close look into the discursive practices in a competitive framing environment. To analyze framing contestation, a two-phase frame analysis was conducted, with an inductive phase constructing the distinct frames embedded in the debate and a deductive one examining the frame use by main actors.

Substantively, during the inductive phase, all the texts in the dataset were examined iteratively in three steps: open coding, axial coding, and selective coding. Open coding consists of parsing all the texts and strategically gathering

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38   Gurevitch and Levy 1985, 19.

excerpts with framing devices and reasoning devices. This results in a comprehensive list of textual fragments that flesh out the different dimensions of an issue and the divergent narratives. The next step is axial coding, which seeks to identify the recurrent themes in the collected codes and cluster them around overarching meaning categories. The final step is selective coding, which distills the remaining codes and sorts them out by linking framing devices and reasoning devices to an organizing frame, effectively drawing out an integrated frame package. The outcome of the three-step coding is a frame matrix with different frames substantiated by typical framing devices and reasoning devices.

After the inductive analysis, a deductive phase is desirable in the sense that it allows an in-depth analysis of frame use by different actors. To assess the strength of each frame and the operationalizability of the frame matrix, a pilot intercoder reliability test was conducted with two researchers independently coding sixty texts (12 percent) randomly chosen from the sample. Differences were resolved through discussions. Only after obtaining a high level of reliability (with a kappa value above 0.75) and minimizing potential overlap between different frames was the rest of the coding carried out. Importantly, each text was coded along the lines of the seven frames identified during the inductive phase, and each frame was coded once per text. Also, the analysis did not identify a dominant frame given that most texts, not least news articles, in the dataset contained multiple frames.

5   Mobilizing For and Against the WHO

Politicization manifests in the mobilization of resources to influence GGIs' procedures and policies. In this section, I sketch out mobilization in the form of support for or protest against the WHO by key actors.

With the world struggling with the devastation wrought by the coronavirus pandemic, the WHO had to weather a surge in public interest and scrutiny. In response, the agency redoubled efforts to coordinate the global pandemic response on one hand, and on the other, stepped up public communications to promote and justify its action. It put in place an eclectic package of measures: communicating regularly to the press and national governments on select issues of concern to the public, teaming up with tech giants to fight an "infodemic", mobilizing resources to support vulnerable populations and communities with dilapidated health systems, and launching international initiatives such as the Access to Covid-19 Tools (ACT) Accelerator.

More pertinent to politicization is that as criticisms mounted over its putative faltering start and leniency with China, not least from the Trump adminis-

tration and within the media,[39] the WHO sought to showcase its commitment to transparency and accountability. It released an interim assessment report on its Covid-19 response by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme in April 2020.[40] Shortly after, the WHO backed the Covid-19 resolution at the 73rd WHA calling for an international probe into the global response (including that of the agency) and, to that end, initiated the Independent Panel for Pandemic Preparedness and Response. Equally, the WHO was eager to extricate itself from power politics between and beyond Member States, as evidenced by its emphasis on its neutrality (vis-à-vis China) and reticence on the participation of Taiwan.

The Trump administration made a string of decisions that pushed the WHO politicization to reach a fever high. In May 2020, Trump threatened to cut funding if substantive improvements were not made in thirty days, and two months later officially announced the decision to withdraw. Soon after that, the US State Department announced follow-up decisions to divert the United States' remaining membership dues, recall US personnel, and opt out of the WHO-led Covax.[41] The State Department also mounted a (failed) campaign to get Taiwan a seat at the WHA[42]—the WHO's decisionmaking body comprising health ministers exclusively from Member States.

Given the increasingly hostile split in US politics since Trump came to office and the WHO's central role in addressing global health emergencies, it is hardly surprising that the congressional Democrats opposed Trump's decisions to suspend funding and sever ties. Even some congressional Republicans broke ranks and joined Democrats to underscore the repercussions of such inopportune decisions with the crisis at full tilt. That said, opposing Trump's decisions did not amount to unqualified backing for the WHO. Washington's political establishment had a bipartisan understanding: the initial response of the WHO and its close relationship with Beijing were far from irreproachable.

Similarly, US allies such as Germany, France, the United Kingdom, Japan, and Australia voiced concerns akin to those that led Washington to exit the WHO, causing them to push for the independent evaluation of the global pandemic response during the WHA. Australia, in particular, sought support for an international inquiry into the origins of the virus with a focus on apportioning blame.[43] But facing the fateful decisions of the Trump administration, US allies

39   Yang 2021, 1825.
40   WHO 2020a.
41   US State Department 2020a.
42   Zhang and Savage 2020, 465.
43   Needham and Nebehay 2020.

came to the defense of the WHO and backed its initiatives such as Covax. To make up for the funding shortfalls left by the US withdrawal and address the long-standing structural deficiencies of the WHO, some including Germany, France, the United Kingdom, and Japan even pledged to increase contributions, all the while urging reforms that will give the institution more power and make it less susceptible to undue influence.

Facing sharp criticisms, China worked selectively with the WHO. It allowed three WHO-led missions to study the origins and evolution of the virus (February 2020, July 2020, and January 2021), pledged an additional $50 million to the WHO Covid-19 Solidarity Fund and $2 billion to the global antipandemic efforts, and backed WHO-led initiatives such as the ACT Accelerator and Covax.[44]

Politicization of the WHO went beyond members. The issue of Taiwan, apart from being a main point of contention between Beijing and Washington, directly contributed to the politicizing process. The island was embroiled in a "war of words" with the WHO, accusing the body of disregarding its early request for information on the possibility of human-to-human transmission of the virus and refusing to invite it to the WHA out of political considerations.[45] The accusation by the WHO chief that Taiwan organized a racist campaign against him also stoked controversy.[46] Although both sides dismissed the accusations as unfounded, the contentious back and forth drew media attention and fueled politicization.

In addition, a multiplicity of societal actors mobilized to support the WHO. Bill Gates, head of the Bill and Melinda Gates Foundation (the second-largest donor to the WHO after the United States), slammed the decisions of the Trump administration and increased funding to the WHO. Under the WHO auspices, the Covid-19 Solidarity Response Fund received donations from more than half a million individuals, companies, and philanthropies.[47] The WHO was working with and supported by a growing network of nonstate actors to track the spread of the virus, ensure essential medical supplies, and develop diagnostics, treatments, and vaccines. This is not to say that there was no societal resistance or criticism. In February 2020, a protest campaign was launched on the petition website Change.org urging the resignation of the WHO director-general, which shortly garnered more than 1 million signatures.[48] In

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44   Chinese Ministry of Foreign Affairs 2020a.
45   Chen and Cohen 2020.
46   Shih 2020.
47   WHO 2021.
48   Change.org 2020.

July 2020, 239 scientists from 39 countries endorsed an open letter to the WHO to contest its guidance on airborne transmission.[49]

6 Contesting the WHO: A Cultural Framing Perspective

Actions outlined in the foregoing section were invariably accompanied by justifying rhetoric. In this section, I analyze the justifications for mobilization for or against the WHO. This, as mentioned earlier, is done from the vantage point of cultural framing. In what follows, sharply different interpretations surrounding the WHO at three levels—polity, policy, and politics—are identified and constructed as a frame package with a core frame, framing devices and reasoning devices, and further substantiated by emblematic examples from the dataset. An overview is shown in Table 1.

6.1 *Puppet*

This frame maintains that the WHO is demonstrably biased to some key stakeholders. It points to the agency's supposed propensity to pander to powerful members or donors and its pathology of making decisions based on politics rather than science and global health security. Specifically, the WHO was dismissed by some as "an agency ruinously in thrall to China."[50] To a great extent, Trump popularized the framing of the WHO as a "China puppet," citing its effusive praises for Beijing and exclusion of Taiwan. He repeatedly voiced his displeasure at the outsized influence wielded by Beijing over the organization despite its modest contributions (see the example in Table 1). As such, decisions to withhold funding and leave the "China-centric" body were justified. Others noted that attempting to sway the WHO is not peculiar to China, but applies to any actors that make sizable financial contributions such as the United States or private donors like the Gates Foundation.[51] A potential remedy is to reform the WHO by bolstering its funding and powers.

6.2 *Handcuffed*

This frame stresses the multiple constraints that plague the WHO and affect its performance. In terms of funding, it is widely acknowledged that the WHO budget falls well short of what is required to execute its expansive mandate. WHO funding relies predominantly on voluntary contributions that are ad hoc

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49   Morawska and Milton 2020.

50   Rosett 2020.

51   Gearan 2020.

TABLE 1   An overview of frames on the World Health Organization and its performance during Covid-19

Aspect	Frames	Examples
Polity	*F1 Puppet*	"The United States pays them $450 million a year; China pays them $38 million a year, and they're a puppet of China."[a]
	F2 Handcuffed	"Countries' expectations for the WHO are not aligned with the limitations on funding, political, and legal authorities those same countries set on the organization."[b]
	F3 Scapegoat	"The president tried to shift the blame elsewhere … claiming the organization made a series of devastating mistakes … In effect, Mr. Trump was accusing the world's leading health organization of making all of the mistakes that he has made."[c]
	F4 Irreplaceable	"Halting funding for the World Health Organization during a world health crisis is as dangerous as it sounds. Their work is slowing the spread of COVID-19 and if that work is stopped no other organization can replace them. The world needs the WHO now more than ever."[d]
Policy	*F5 Botched*	"It's about an institution that has fundamentally failed to do its primary task, keeping people all across the world — and in our case, the thing that matters most: keeping Americans safe."[e]
	F6 Comme il faut	"WHO has provided consistent, clear, and evidence-based recommendations; communicated effectively and navigated difficult political situations shrewdly."[f]
Politics	*F7 Battleground*	"The United States has already experienced costs from backing away from the United Nations, where China and other powers have happily stepped into the void. Now it may be pulling out of the preeminent institution of global health governance, again creating an opening for China."[g]

a. White House 2020b.
b. Kupferschmidt and Cohen 2020.
c. Shear and McNeil 2020.
d. Bella 2020.
e. US State Department 2020b.
f. *The Lancet* 2020.
g. Cooley and Nexon 2020.

and more often than not earmarked for specific projects, with only around 20 percent from mandatory assessed contributions (membership dues). This not only subjects the WHO to external influence, but causes significant funding shortfalls, not least during times of crisis. As for political constraint, the WHO is an intergovernmental organization. As in a principal-agent model, the WHO (agent) is answerable to 194 members (principals) with varying interests and is therefore liable to political division and operational paralysis. Moreover, it is never vested with authority over states nor empowered to sanction states in case of noncompliance with the IHR. This means that the WHO relies on national cooperation and needs to walk a tightrope of tackling a pandemic without antagonizing powerful members like China and the United States. In view of its limited funding and powers, what is expected of the WHO does not always align with what it is mandated or able to do (see the example in Table 1). To address shortcomings and remain fit for purpose, the WHO needs meaningful reforms that will equip it with the kind of competences and resources required to perform its role properly.

6.3   *Scapegoat*

This frame lays bare the attempt to use the WHO as a convenient scapegoat to deflect criticism. It mostly targeted the Trump administration. Specifically, the administration tried to pin the blame for its domestic failures on the WHO after ignoring repeated warnings and downplaying the severity of Covid-19. The administration's trademark scorn for science and expertise, antipathy to multilateralism, and lack of preparedness, so the argument goes, led to the failure to execute an effective response and the heavy death toll in the United States. The WHO, albeit not without flaws and failings, was not to blame. As Thomas Bollyky and Jeremy Konyndyk stated, "WHO is far from a perfect institution, but it is hardly responsible for the slow US response to this crisis."[52] Criticism against the shambolic government response and pressure of scoring political points for the contentious presidential elections weighed heavily on Trump, pushing him to search for scapegoats "to deflect blame from his own mishandling of the situation."[53] In fact, the WHO was just one scapegoat. The White House "repeatedly accused the news media, governors, Democratic members of Congress and former President Barack Obama of being responsible for the number of cases overwhelming the nation's hospitals."[54] Amid the global pandemic, the international community would have been better served if the US

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52   Bollyky and Konyndyk 2020.

53   Werner 2020.

54   Shear and McNeil 2020.

government had not sought to scapegoat the WHO, but supported its coordination of the global pandemic response.[55]

6.4   *Irreplaceable*

This frame articulates the case that the WHO remains a mainstay in global health governance and plays an indispensable role in coordinating the global response to the pandemic. Clearly, a roiling health crisis as the coronavirus pandemic is beyond the capacity of any nation-state and requires international cooperation. Within this frame, the WHO is hailed as the bedrock of global health governance and is uniquely placed to address the crisis. The confluence of factors, including its expansive network of offices and personnel, existing working relationships with stakeholders across different levels, authority based on unparalleled technical expertise, and standing connection with the medical-scientific community, turns the WHO into a governing authority with "unmatched global reach and legitimacy."[56] In this view, the decision by the Trump administration to withdraw from the agency was likened to "firing the firefighter in the midst of a fire" and widely decried as irresponsible.[57] At risk is global health with a discredited and weakened WHO while the pandemic continues to rage on. Given its centrality, the WHO must be supported and strengthened.

6.5   *Botched*

This frame throws into sharp relief the alleged missteps and miscommunications of the WHO since the onset of the pandemic. Within this frame, the WHO was disparaged for bungling its early response that may have worsened the situation, such as discouraging international travel restrictions (all the while praising the lockdown in Wuhan), parroting the official line of Beijing on the lack of definitive evidence over human-to-human transmission, and delaying the declaration of the outbreak as a Public Health Emergency of International Concern (PHEIC) even though the situation was rapidly deteriorating. The long list of charges was enumerated in the letter sent by the White House to the WHO, threatening that the United States would cut funding permanently and leave the organization pending a probe into its Covid-19 response.[58] Through the lens of this frame, the global health governing body tasked to protect the world from health crises had not only failed in its core mission but, worse still, it

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55   *Nature* 2020b.
56   Gostin et al. 2020a, 294.
57   Bloom, Farmer, and Rubin 2020, 676.
58   White House 2020c.

was responsible, at least partly, for the spread of the virus and the considerable death toll worldwide. What is less damning, but equally relevant, is the inconsistency of the WHO on a number of key issues such as its messaging on the possibility of human-to-human transmission, the use of face masks, and the risk of asymptomatic and airborne transmission. Its advice was often "on the opposite side of the fast-forming public health consensus."[59] What follows is that the WHO should be held accountable; hence, the need for an independent review and an overhaul or, more drastically, a replacement—an idea floated by the Trump administration.

6.6   *Comme il faut*

This frame asserts that the WHO had acted properly throughout the pandemic. Alleged missteps outlined in the *Botched* frame were attributable in large part to the need to base decisions on robust evidence or the constraints the agency faces. To some extent, this frame can be seen as a corollary of the *Handcuffed* frame. Specifically, it was argued that the WHO needed to tread carefully to avoid antagonizing members. In this light, publicly praising Beijing was necessary to make it more amenable to cooperation. In fact, the WHO was "acting and speaking with a political caution born of being an arm of the United Nations, with few resources of its own, unable to do its work without international cooperation."[60] With regard to the charge of bias, WHO representatives emphasized repeatedly the commitment to equality. This statement from the agency's principal legal officer is a case in point: "Our mandate is to work to promote the health of all people everywhere. We do this ... without distinction of race, religion, political belief, economic or social condition. This is part of the DNA of the organisation."[61] Also, tardy declaration of the outbreak as a PHEIC was due to the lack of consensus inside the WHO Emergency Committee during the first meeting and the rigid binary construct of a PHEIC. Its inconsistency on issues like human-to-human and airborne transmission was explained by the fact that "science surrounding Covid-19 is moving at unprecedented speed" and that the WHO's advice has to be grounded in appropriate substantive evidence.[62] Moreover, it was said that the WHO acted effectively within the limits of the possible and demonstrated effective leadership (see the example in Table 1). As such, the WHO should be commended.

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59   Hinshaw and Alpert 2020.
60   Pérez-Peña and McNeil 2020.
61   WHO 2020b.
62   Hinshaw and Alpert 2020.

6.7   *Battleground*

This frame characterizes the WHO as yet another proxy battle of power politics. It does so by zeroing in on the strategic nature and motivations of the *politicking* between members and beyond. Through the prism of a zero-sum game, GGIs such as the WHO represent a notable arena of struggle wherein major powers jostle for power and influence. Two actors again became the focus: China—increasingly adept at harnessing its economic influence and promoting its interest in incumbent multilaterals—and the United States—bent on keeping its supremacy and curbing China's rise. The escalation of tension and public showdown between the two surrounding the WHO were viewed as another manifest example of their fraying relations in a growing number of areas such as trade and high-tech. In this light, the Trump administration's decisions to pull the United States out of the WHO and retreat from other multilaterals were thought of as a miscalculated move that not only would undercut US leadership, but would inadvertently make these multilateral institutions more dependent on China and bolster Beijing's influence. China's funding increase to the WHO was thus an opportunistic move to fill the void.[63] Another less commonly invoked aspect of the frame is the tussle between Beijing and Taiwan (backed by Washington) over the latter's participation in the WHO and other GGIs. In this light, the WHO's refusal to invite Taiwan to the WHA, albeit unquestionably legitimate in the eyes of Beijing on the basis of the "One China" principle, was understood as an indication of China's growing influence inside the international system at the expense of the United States and its clear success in shrinking the diplomatic space of Taiwan.

7   Framing the WHO by Actors

The foregoing section offered an overview of the diverse perspectives on the WHO in the form of frames without indicating the frame sponsor(s). The following analysis, based on an in-depth analysis of the corpus along the lines of the seven frames identified, fleshes out the frame use by different actors. An overview is presented in Table 2.

At one extreme is the Trump administration. Despite early sympathy toward the WHO's role in containing the outbreak (*Irreplaceable*), the US government reversed course and started to publicly criticize the agency and Beijing shortly after the coronavirus situation spiraled out of control across the country and

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63   Cooley and Nexon 2020.

TABLE 2   Frame use by actors

Frames	WHO (n=121)	Chinese MFA (n=106)	Trump admin (n=80)	US Democrats and allies (n=19)	Medical-scientific community (n=22)	US elite media (n=157)
Puppet	0	0	0.50	0	0.14	0.57
Handcuffed	0.12	0	0	0.26	0.41	0.31
Scapegoat	0.02	0.16	0	0.05	0.18	0.33
Irreplaceable	0.98	0.44	0.06	0.68	0.77	0.43
Botched	0	0	0.74	0.42	0.05	0.44
Comme il faut	0.61	0.23	0	0.05	0.27	0.27
Battleground	0	0.06	0	0.05	0	0.41

Note: n represents the number of texts collected from the (category of) actor; numbers in cells are in decimal form. A value of 0.50 (4th column 2nd row), for example, means representatives of the Trump administration referred to the *Puppet* frame 40 times in the 80 texts analyzed. WHO, World Health Organization; MFA, Ministry of Foreign Affairs.

the administration was faulted for not acting earlier and more forcefully. Since then (early April 2020), representatives of the administration, such as Trump and Michael Pompeo, engaged in months of sustained attacks at the WHO (often paired with criticism of China). They referred, inter alia, to the WHO's mismanagement of the outbreak and failure to deliver on its mission (*Botched*) and propensity to put politics above science and health and to pander to China (*Puppet*). The following remark by a State Department spokesperson is a case in point:

> The World Health Organization has failed badly … not only in its response to COVID-19, but to other health crises in recent decades. In addition, WHO has declined to adopt urgently needed reforms, starting with demonstrating its independence from the Chinese Communist Party.[64]

At the other extreme are the WHO and China, which were on the defensive and eager to justify each and every one of their actions. Reeling from the twin impact of (mis)handling an unprecedented pandemic and an increasing level of scrutiny, the WHO was in the crosshairs. Facing sharp criticisms over its performance and independence, the WHO pointed to the diverse activities it

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64   US State Department 2020c.

undertook to spearhead and coordinate the global response and the considerable support it garnered for continuing to do so (*Irreplaceable*), and the swiftness of its early warning, evidence-based nature of its public health advice, and compliance of its clinical trials with protocols (*Comme il faut*), and, to a lesser extent, the limited scope of its mandate when referring to the decision to refuse Taiwan's participation in the WHA (*Handcuffed*). While it normally refrains from openly criticizing members, the WHO did reprimand the politicization of the coronavirus and the blame shifting of some governments (*Scapegoat*). In response to Trump's criticism, Director-General Tedros Adhanom Ghebreyesus issued a rare public rebuke: "Please don't politicise this virus. It exploits the differences you have at the national level. If you want to be exploited and if you want to have many more body-bags, then you do it."[65]

Equally on the receiving end of criticism for its early handling of the outbreak, Beijing consistently voiced its unqualified backing for the WHO, at least officially. Its position was in broad agreement with that of the WHO. It underlined, in particular, the WHO's leadership and China's strong support for the WHO-led initiatives to combat the pandemic (*Irreplaceable*), the agency's impartiality, authoritativeness of its advice, and extensive recognition of its performance (*Comme il faut*), all the while slamming the US government for shifting blame (*Scapegoat*) and Taiwan for "politicizing" its (non)participation for diplomatic gains (*Battleground*). This remark from a Chinese vice foreign minister well summarizes the official line:

> WHO has done a great job in living up to its duties and responsibilities. It is very professional, very responsible and highly efficient. It does not center around any particular country. It is devoted to protecting lives and health of mankind. Its performance has been widely applauded by the international community.[66]

The ramping up of blame by the Trump administration and the ensuing confrontation pitting the United States against both the WHO and China set in motion a highly dynamic debate that drew in a diverse array of actors. Many of them sought to steer toward the middle ground and strike a right balance between unqualified backing and categorical dismissal. The analysis here looks at the framing by the political actors (beyond the Trump administration and Chinese government) epitomized by the congressional Democrats and US

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65   WHO 2020c.
66   Chinese Ministry of Foreign Affairs 2020b.

allies, global medical-scientific establishment, and three internationally influential US media outlets.

At the risk of simplification, the first two categories of actors generally concurred that the WHO must be supported and further strengthened in its central managing and coordinating role in global health governance (*Irreplaceable*), even as the pandemic highlighted the multiple constraints the agency faces (*Handcuffed*); withdrawing support for the WHO in the throes of a global pandemic is counterproductive, and a more appropriate course of action would be to remain and seek to reform it from inside. This excerpt from the open letter sent to the US Congress signed by 750 scholars and experts crystallizes this position,

> [We express] our deep concerns about the immediate hazards to health, safety, and security in the United States and globally from cutting ties with WHO. The WHO requires reforms, but as a founding member and the largest financial contributor, the US is best poised to lead in these reforms if it remains in the WHO.[67]

That said, there was demonstrably less consensus between the two on the WHO's performance, with medical-scientific professionals noticeably more favorable than the political actors discussed here.

By contrast, media framing was much more dynamic and diverse, with each of the seven frames invoked in at least one-quarter of the texts analyzed. The dominance of the three frames—*Puppet*, *Botched*, and *Irreplaceable*—brings to light the broad consensus (barring the Trump administration) on the WHO in the context of the coronavirus pandemic: the agency might have erred, but should be supported at any rate given its irreplaceability. Also, the three media outlets went beyond merely representing the frames advocated by political-institutional actors and mainstreamed the characterization of the WHO as a theater of geopolitical jockeying between China and the United States for power over GGIs (*Battleground*) and, to a lesser extent, as a *Scapegoat* for the bungling of the Trump administration.

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67   Gostin et al. 2020b.

8   Conclusion

My research examines an emblematic case of GGI politicization: politicization of the WHO during the coronavirus pandemic, with a particular focus on the practices of politicization. Specifically, it looks into mobilization in terms of substantive action and contestation as present in competing framing practices.

Premised on the empirically grounded analysis outlined above, and within the parameters of the dataset described above, the research makes several observations. First, vocal criticism from the Trump administration of the WHO was the pivotal triggering event that precipitated an intense debate and transported a GGI and issue area primarily of technical nature into a fractious political landscape. After the Trump administration turned away its attention to the politically more salient presidential elections and the ensuing allegation of election irregularities, politicization of the WHO gradually receded. This is also borne out by the distribution of data collected from the news media and Trump administration that cluster around the period April–July 2020 and the shift of (debate) focus from technical to political during the same time period and back to technical thereafter.

Second, contestation over the WHO notwithstanding, there was broad acceptance of the linchpin role of the UN agency and the need to support and strengthen it (*Irreplaceable*). In contrast to the Trump administration, most argued that amidst a full-blown health crisis, it would be more sensible to bolster the WHO and, when appropriate, push for reform to address its flaws and failings (*Handcuffed, Botched*) rather than focus on apportioning blame (*Scapegoat*) and put at risk global solidarity. Most countries indeed mobilized resources to support the WHO Covid-19 initiatives and operations.

Third, contestation was arguably the most prominent in news media, as evidenced by the co-occurrence and relatively high frequency of all of the seven frames identified. Beyond acting as a site for different perspectives to compete, the media mainstreamed the *Battleground* frame—a perspective that increasingly permeates the debate on any aspect of United States-China relations, and the *Scapegoat* frame—a framing practice that is frequently attendant on the politicization of GGIs by national governments seeking to attribute responsibility for domestic failures to multilaterals.

Further, actions and discourses of both the WHO and China were of (self-)legitimating purposes. Seeking to fend off criticism and shore up credibility, the WHO and China pointed mostly to the role the agency fulfills and the effectiveness and appropriateness of its pandemic response. This foregrounds the crisis communication strategy of the two and explains the absence from the dataset

of critical frames. Judging by the diffuse support the WHO managed to secure, its self-legitimation was, at least partly, effective.

In general, the level of politicization is strongly correlated with the political resources devoted to it. This goes a considerable way toward explaining the rise and fall of politicization in this case. With Trump out of office and President Joe Biden deciding to rejoin the WHO and participate in Covax, contestation, at least on the political level, will likely give way to more support for the agency. This portends a window of opportunity for the international community to leverage the wide consensus on the imperative to back the WHO in leading the fight against Covid-19 and pool resources in this direction. Further, it will provide the WHO more leeway to orchestrate the varying political priorities of national governments and push ahead with reform that the agency sorely needs, with a view toward mounting a bona fide multilateral response to the still ongoing pandemic.

However, politicization of the WHO is expected to linger beyond this pandemic and return to the fore in the future since its structural deficiencies and political vulnerabilities remain: intrinsic tensions between the WHO as a technical and political body, long-term ills of political-budgetary limits imposed by states and their fear of ceding control, persistent problems with addressing increasingly frequent health crises in a highly fractured and unequal global community (as shown in the huge disparities in vaccine access), and intensifying politicking and clashes between powerful (blocs of) members, to name just a few. While some causes are set to persist, others such as the expectations-capabilities gap and problems with IHR can and should be addressed via postcrisis reforms.

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Appendix: Breakdown of Data and Sources

Actor		Number	Source
World Health Organization		121	www.who.int
Chinese government	Ministry of Foreign Affairs	106	www.fmprc.gov.cn
Donald Trump administration	White House	22	www.whitehouse.gov
	State Department	58	www.state.gov
Congressional Democrats	US Congress	3	www.congress.gov
US allies	German Federal Ministry of Health	3	www.bundesgesundheitsministerium.de
	French Ministry of Health	2	solidarites-sante.gouv.fr
	UK government	2	www.gov.uk
	Japanese government	6	www.japan.go.jp
	Australian Department of Health	3	www.health.gov.au
US elite media	*New York Times*	30	www.nytimes.com
	Washington Post	74	www.washingtonpost.com
	Wall Street Journal	53	www.wsj.com
Global health-scientific community	*The Lancet*	10	www.thelancet.com
	New England Journal of Medicine	2	www.nejm.org
	Nature	4	www.nature.com
	Science	6	www.sciencemag.com
	Total = 505		