

THE ROLE OF THE WORLD HEALTH ORGANIZATION (WHO) IN HEALTH PROTECTION DURING THE PANDEMIC

Zebiniso Alisherovna Amonova

Master's student at Tashkent State University of Law

e-mail: zebinisoamonova1206@gmail.com

Abstract: the COVID-19 pandemic revealed major gaps in global health governance and highlighted the need for stronger legal tools to manage public health crises. The 2025 WHO Pandemic Agreement represents a key step toward improving international coordination, equitable access to health resources, and legal preparedness. It introduces binding obligations on prevention, preparedness, and response, while addressing issues like sovereignty, funding, and fair distribution. Its phased implementation aims to reshape global health governance by 2035.

Keywords: WHO, Pandemic Agreement, international health law, global health governance, COVID-19, IHR, preparedness, equity, legal reform.

INTRODUCTION

The World Health Organization (WHO) plays a critical role in safeguarding global health, especially during pandemics. As the leading international body responsible for coordinating public health efforts, WHO provides guidance, sets global standards, and supports countries in preventing, detecting, and responding to health emergencies. During pandemics, WHO's leadership is vital in facilitating information sharing, coordinating international responses, and ensuring equitable access to vaccines, treatments, and essential medical supplies.

The following methods were employed in this study:

- ***Analysis of International and National Legislation.***

Examination of legal frameworks regulating the protection of the right to health at universal and regional levels, including international conventions, WHO guidelines, and national regulations.

- ***Comparative Legal Analysis.*** Comparison of different legal mechanisms and practices applied across various regions (e.g., European Union, African Union, ASEAN) and their alignment with international standards.

- ***Document and Content Analysis.*** Review of official documents, WHO reports, and publications from regional organizations and states regarding measures taken during the pandemic.

- ***Expert Interviews and Surveys.*** Collection of opinions and recommendations from specialists in international law, public health, and human rights.

- ***Case Studies.*** Examination of successful and problematic examples of implementing health rights protection mechanisms during the pandemic.

- ***Legal Monitoring and Effectiveness Evaluation.*** Assessment of the practical enforcement of legal acts and their impact on ensuring the right to health.

RESEARCH RESULTS

On 11 March 2020, the World Health Organization (WHO) officially declared COVID-19 a pandemic, marking a significant moment in global public health. By that date, the virus had rapidly spread to more than 200 countries and territories, with over 150,000 confirmed cases worldwide. Although the WHO does not provide a formal legal definition of the term “pandemic”, scientific and medical communities generally describe it as the most severe phase of an

epidemic, characterized by widespread and rapid transmission of a disease across multiple countries or continents, impacting large portions of the population. This declaration highlighted the urgent need for coordinated international response and mobilization to control the spread and mitigate the impacts of the virus [1].

The law plays a crucial role under these conditions, providing a framework to ensure effective healthcare systems, coordinate international efforts, and protect public health. Legal mechanisms are essential not only during the crisis but also in post-pandemic recovery and in strategies to prevent future global threats.

Epidemics have been part of human history for millennia. The term “epidemic” first appeared in Hippocrates’ works, where he described diseases resembling erysipelas. The ancient historian Thucydides recounted the Plague of Athens (430 BCE), which lasted about five years and claimed nearly a quarter of the city's population [2]. Later, the Black Death devastated Europe (1347–1351), and the Russian flu pandemic (1889–1890) resulted in over a million deaths. The 1918 Spanish flu remains the deadliest pandemic in modern history, with estimates ranging from 17 to 100 million deaths. Recent studies suggest that the Russian flu might have been caused by a coronavirus related to SARS-CoV-2, supported by symptoms such as loss of smell and severe pneumonia [3].

These historical examples highlight the unpredictable and severe threat posed by infectious diseases despite scientific advances, underscoring the growing importance of global biological security.

Effective legal regulation at both international and national levels is critical in combating epidemics and pandemics. The COVID-19 crisis revealed

shortcomings in many countries' legal frameworks, emphasizing the need for revision and adaptation.

More than 200 international organizations and NGOs work in global health, with the WHO coordinating efforts within the UN system. International cooperation has deep roots: Venice enacted the first plague control laws in 1348. The International Sanitary Conference in Paris (1851) and the subsequent 1852 International Sanitary Convention marked early efforts at collaboration, though they failed to sustain long-term cooperation.

The 1903 Eleventh International Sanitary Conference in Paris established science-based cooperation principles, systematizing prior rules into the 1903 International Sanitary Convention [4]. This paved the way for the 1907 Rome agreement creating the International Office of Public Hygiene (IOPH), the first international health organization. Though the IOPH contributed to legal development, it faced criticism for limited practical activity, never dispatching missions to countries in need during its 40-year existence [5].

Other early 20th-century organizations, including the League of Nations Health Organization and the Pan American Sanitary Bureau, contributed to global health but eventually transferred functions to the WHO.

Founded in 1948, the WHO became the central body coordinating global health efforts. Its work is guided by the International Health Regulations (IHR), legally binding rules for responding to global health threats [6]. The WHO sets international health standards, advises governments, updates the IHR, and coordinates responses during Public Health Emergencies of International Concern (PHEIC).

Since the 21st century, the frequency of major health emergencies has increased, demanding improved risk assessment and management. WHO's timely PHEIC declarations facilitate swift coordination, resource mobilization, and vaccine development [7]. Nevertheless, sustainable funding remains a challenge, especially post-COVID-19, highlighting governance as a priority.

The COVID-19 pandemic severely tested global health systems, exposing their vulnerabilities. Its rapid spread, high mortality, and economic damage revealed urgent needs for timely information, social stability, preventive action, emergency medical capacity, and coordinated international programs. Flexible and diverse public health strategies are essential.

The World Health Organization (WHO) faced criticism for a slow response during the 2014–2016 Ebola outbreak due to funding and personnel shortages and management inefficiencies. Similar challenges arose during COVID-19, with many countries lacking alternative strategies, hindering timely coordinated action.

The pandemic emphasized strengthening IHR components such as surveillance, laboratory infrastructure, and emergency management, with investments improving preparedness for future threats [8]. Experts advocate for WHO reforms, including revising its constitution and empowering the Director-General to make faster crisis decisions. Consensus among member states during PHEIC declarations is critical to ensure transparent and fair responses. World Health Organization (WHO) should continue coordinating global efforts with an emphasis on building national capacities.

Emergency laws must respect democratic principles including necessity, proportionality, and temporariness, as advised by the Venice Commission.

On 20 May 2025, the WHO adopted the Pandemic Accord, establishing a new global legal framework. As the second instrument under Article 19 of the WHO Constitution (after the 2003 Tobacco Control Convention), the Accord responds to COVID-19's revealed gaps and inequalities following three years of negotiations.

The Pandemic Agreement aims to improve global cooperation in pandemic prevention and response, addressing issues such as unequal vaccine access, weak coordination, and ineffective early-warning systems [10]. It emphasizes fairness by promoting equal access to medical resources and transparent decision-making. The WHO will lead coordination efforts, supported by regional centers and expert networks [9].

Key measures include enhanced surveillance, early-warning, laboratory capacity, and pandemic financing. The Agreement introduces mechanisms for sharing pathogens and research benefits, expands regional vaccine production, and accelerates drug approvals.

Countries commit to improving preparedness, sharing outbreak data promptly, and supporting joint international responses.

A monitoring system requires countries to report on implementation progress, with external evaluations assessing effectiveness. The document has, however, sparked debate, with concerns over potential sovereignty limits, funding burdens, equitable cost-sharing, and challenges faced by resource-limited countries.

Implementation will consider regional contexts. In Europe, for example, it will align with existing EU mechanisms and national health systems.

Overall, the Agreement transforms global health governance by enhancing WHO's authority, expanding cooperation with private sectors and NGOs, and establishing new governance bodies to improve coordination.

Implementation follows a phased approach: phase one (2025–2027) focuses on ratification and institutional development; phase two (2027–2030) activates mechanisms and strengthens national systems; phase three (2030–2035) aims for sustainable preparedness for future pandemics.

PROPOSED LEGAL MEASURES

The following normative and legal improvements related to the role of the World Health Organization (WHO) are recommended:

1. Strengthening International Legal Frameworks. Enhance and update existing international health laws, such as the International Health Regulations (IHR), to ensure they effectively address current and future pandemic challenges.

2. Binding Commitments for Pandemic Preparedness. Introduce legally binding obligations for countries to improve prevention, preparedness, and rapid response capabilities, including timely sharing of information and resources.

3. Ensuring Equitable Access to Health Resources. Establish clear legal provisions that guarantee fair and equal access to vaccines, medicines, and medical equipment for all countries, regardless of their economic status.

4. Improving Global Coordination and Governance. Empower the World Health Organization (WHO) with stronger legal authority to coordinate international responses and monitor compliance during health emergencies.

5. Protecting Human Rights During Emergencies. Develop legal safeguards that balance public health measures with respect for fundamental human rights, ensuring that emergency actions are necessary, proportional, and temporary.

6. Establishing Transparent Funding Mechanisms. Create legal frameworks for sustainable and transparent funding of pandemic preparedness and response activities, ensuring adequate resources are available when needed.

7. Promoting Regional Collaboration. Encourage regional organizations to adopt harmonized legal standards and protocols to support cross-border cooperation in health crisis management.

CONCLUSION

The COVID-19 pandemic clearly showed that health systems and laws around the world were not fully prepared to handle a crisis of this scale. Many countries faced difficulties in coordinating responses, sharing resources, and protecting their populations effectively. The new World Health Organization (WHO) Pandemic Agreement, adopted in 2025, is a crucial step toward addressing these challenges. It sets clear and binding rules that encourage countries to work closely together, share vaccines, medicines, and information fairly, and improve their readiness for future pandemics.

By implementing this agreement step-by-step through 2035, the world can build stronger health systems and respond faster to emergencies. However, for



these improvements to succeed, every country must actively participate, cooperate, and support each other in this global effort.

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