



**Credible Voice:
WHO-Beijing and the SARS Crisis
Teaching Note**

Case Summary

Intergovernmental organizations operate in a unique environment. Ultimately, they are accountable to their member governments, who fund them. But IGOs develop their own operating rules and procedures and, with time, acquire distinctive cultures. In a crisis situation, the interests of some members may run counter to the interests of others. It falls to the IGO representatives on the front lines to decide what to do when the question arises of whose interest should predominate.

In February 2003, the World Health Organization (WHO) office in Beijing learned of a deadly respiratory disease outbreak in Guangdong province in the south of China; the government said matters were under control. However, over the next two months, cases with similar symptoms emerged in Hong Kong, Vietnam, the US, Canada, Singapore and Taiwan; many patients died. Commercial and tourism travel to Asia plummeted and economies stumbled. Health authorities were uncertain whether it was a new disease and, if so, what caused it, how it spread or how to stop it.

WHO, the UN agency charged with managing global epidemic alerts and responses, mobilized infectious disease experts to analyze, identify, devise treatment for and contain the disease. On March 15, WHO headquarters announced that the outbreak was a new disease and named it SARS (Severe Acute Respiratory Syndrome). The WHO-Beijing office was thrust into the frontline, where it found itself trying to manage the global health community's interest in knowing everything possible about SARS against the Chinese government's reluctance to divulge much.

The office, headed by Country Director Henk Bekedam, held regular press conferences for the world media and briefed the diplomatic corps. WHO-Beijing staff also met regularly with

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officials from the Chinese Ministry of Health and its Center for Disease Control. Bokedam and his colleagues needed to know more about the origins of the disease, which had possibly started in Guangdong, in order to advise on how to halt its spread. Yet China's leaders were absorbed by a once-a-decade regime change in mid-March and remained chary with information. Only on March 27 did they acknowledge that the disease had spread to Beijing, and on March 28 that the outbreak was SARS.

Outsiders suspected that the Beijing city government, in particular, was grossly under-reporting the number of cases, allowing SARS to spread unmonitored. For one thing, patients at military hospitals apparently were not included in the official total, which in mid-April stood at only 37. For nearly two months, the WHO-Beijing office had hosted successive missions—teams of scientists from around the globe who came to China to try to find answers to the epidemiological questions. In early April, a mission was finally allowed to visit Guangdong. From April 11-15, a different team toured several Beijing hospitals—including two military hospitals. All hoped the missions would yield better information.

On April 16, WHO-Beijing held the customary end-of-visit press conference for the Beijing mission. By then, SARS patients had surfaced in 19 countries, with nearly 3,300 reported cases and 159 deaths. The briefing room was packed. Mission members took questions from the media. A key concern was the number of SARS cases in the capital. To Bokedam's dismay, a mission member replied that Chinese officials had asked them to keep confidential what they learned at the military hospitals. To the press, this seemed evasive and irresponsible.

Bokedam and his No. 2, Alan Schnur, had seen before how China could seduce outsiders into accepting restrictions on information. Bokedam knew the global media would not accept the answer—and that evasiveness could cost WHO the credibility it had so carefully built over a painful two months. Schnur, who had been a member of the Beijing mission, had a more accurate estimate he was willing to make public. At the same time, to publicly contradict a mission member could be seen as unacceptable, not only by WHO leadership but by the Chinese government. Bokedam had built a reputation as reliable with both groups. In a matter of seconds, he had to decide whether to speak out in the press conference or not.

Teaching Objectives

Use this case to examine the role and responsibilities of international public health officials. Look in particular at the World Health Organization and the accountability of its country offices and directors. Ask students to consider how science and politics intersect, and how scientists, public health officials, and politicians can work together to produce effective policy.

Students should consider the role of the World Health Organization in promoting global communication about health risks and coordinating a response when disease is reported. Is WHO

well prepared to deal with SARS? Who are WHO's customers and how well did it serve them? Does the organizational structure—headquarters, regional offices, country offices—serve the mission? As the case describes, the Internet has dramatically affected the global dissemination of medical data. Should technology also change how WHO operates? Does it make sense to have 22 employees at WHO-Beijing, and also dispatch multiple teams of experts in a crisis? One of the WHO-Beijing jobs is influenza surveillance, another is polio eradication; are those best done by fulltime international civil servants based in-country?

Bekedam says he is engaged in a constant balancing act. To whom is a country director most accountable: the host country government, or the global health community? Bekedam makes it a rule never to tell the press what he has not told the Chinese government. Is that a wise decision? Or does that give a single government veto power over information provided to the world? What about the special challenges of working in a society where information is tightly controlled, entry into the country is cumbersome to arrange, and a frank exchange can result in expulsion. How does one prepare to conduct public health work in a country like China?

Discuss what it takes to be an international public health official—a scientist and diplomat rolled into one? Bekedam holds a medical degree, as do many on his staff and most of the mission members who fly into China to investigate the disease outbreak. What personal character traits and professional training are necessary to be successful in such a position? When going into international public health, cultural intelligence is crucial. But so is adherence to your own values and beliefs. Ask students to evaluate how Bekedam and Schnur deal with the Chinese. Are they forceful enough, or too forceful?

WHO-Beijing works hard to remain apolitical, and specifically to refrain from criticizing the host government. Ask students to debate whether advocacy is ever appropriate for international health authorities. For example, should WHO-Beijing have spoken publicly in support of Dr. Yanyong Jiang? Is silence its own kind of statement? Discuss whether WHO should have included Jiang's estimate in its official reporting, and what the reaction might have been of the Chinese government and world governments respectively. What about the ILO official who died? Was it the responsibility of WHO to play up the fact that he was the first foreigner to die of AIDS in China?

Consider also the symbiotic relationship between public health officials and the media. Bekedam says reporters were able to check on the truth of rumors that WHO could not pursue. Is WHO's relative passivity when it comes to collecting information a strength in its relationship with the government, or a weakness? Can WHO effectively respond to a disease outbreak *without* the press and, if not, what does that say about the relationship? Does the media do much that WHO should be doing on its own?

Class Plan

Use this case in a course on international public health; intergovernmental organizations; crisis management or media relations.

Pre-class. Help students prepare for class by assigning the following question:

1) Should Henk Bekedam intervene in the April 16 press conference with information which contradicts a mission member and possibly infuriates the Chinese government?

Instructors may find it useful to engage students ahead of class by asking them to post brief responses (no more than 250 words) to questions in an online forum. Writing short comments challenges students to distill their thoughts and express them succinctly. The instructor can use the students' work both to craft talking points ahead of class, and to identify particular students to call upon during the discussion.

In-class questions: The homework assignment is a useful starting point for preliminary discussion, after which the instructor could pose any of the following questions to promote an 80-90 minute discussion. The choice of questions will be determined by what the instructor would like the students to learn from the class discussion. In general, choosing to discuss three or four questions in some depth is preferable to trying to cover them all.

a) WHO is a multinational organization. Should its country directors feel themselves primarily responsible for WHO's relationship with the host government, or for WHO's relationship with the global community?

b) Is the WHO office in China subject to special constraints and, if so, how should it handle them?

c) What kind of personal traits and professional qualifications are necessary for work in international public health?

d) Does Bekedam manage the SARS crisis well? How or how not?

e) Are Bekedam and Schnur too forceful with the Chinese? Not forceful enough? What might be gained with a change?

f) When Dr. Yanyong Jiang goes public with his revised figure of SARS patients in Beijing, should WHO-Beijing have given him its public support?

g) What is the proper relationship between a WHO country office and the global media? The local press?

h) How do science and politics intersect in this case? How might scientists, politicians and public health officials work together to prevent another episode like the SARS outbreak?

Suggested Readings

Arthur Kleinman and James L. Watson, eds, *SARS in China: Prelude to Pandemic?* (Stanford: Stanford University Press,) 2006.

SYNOPSIS: This fascinating collection of essays grew out of a September 2003 conference held at Harvard University. A variety of authors, including Alan Schnur (who features in the case study) contributed chapters addressing topics from public health, economic, political and social perspectives. A final two essays look at globalization in public health, and consequences of the SARS outbreak.

World Health Organization, *SARS: How a global epidemic was stopped*. (Geneva: WHO Press), 2006.

SYNOPSIS: This excellent, but hard to obtain, book is the World Health Organization's multifaceted account of how it contended with the SARS outbreak. It tracks developments in each of the affected countries, as well as from the regional and headquarters perspectives. Part IV on the Science of SARS provides some epidemiological background that makes a good complement to the case study.

Andrew Scobell, Larry M. Wortzel, eds. *Chinese National Security, Decisionmaking Under Stress*, Strategic Studies Institute, September 2005.

SYNOPSIS: This excellent report from the US Army War College examines China's behavior under conditions of crisis and stress. Chapter 4 by Susan Puska looks specifically at how the country dealt with SARS. It provides insight into China's growing interdependency in a globalized economy, and how the Communist Party's priorities evolved as the crisis unfolded. It also describes what was happening in Chinese public health circles behind the scenes and unbeknownst to WHO or the global community in the early months of the outbreak.

<http://www.strategicstudiesinstitute.army.mil/pdffiles/pub623.pdf>

Margaret Cohen, Guatam Naik, and Matt Pottinger, "Inside the WHO as it mobilized to fight battle to control SARS," *Wall Street Journal*, May 2, 2003.

SYNOPSIS: This in-depth article recounts management of the SARS crisis at senior levels of the World Health Organization. It provides a good counter-balance to the WHO-Beijing office story told in the case study. It also has good background on WHO as an institution.

<http://online.wsj.com/article/SB10518264649952700.html>

World Health Organization website, especially <http://www.who.int/about/en/> and for SARS links, <http://www.who.int/about/en/>

SYNOPSIS: Use these website for official reports on the SARS outbreak of 2003, including the original text of the global alerts. The website offers comprehensive information on the history of the agency, its financing and its operations.