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# Globalization of False Information:
## Is WHO's Reputation Beyond Repair?*

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## Abstract

In the past couple of decades the world has witnessed stronger anti-globalization sentiments in large part because globalization has not been inclusive, and in part due to the increase in power of international institutions which could be perceived as a threat to states' sovereignty. However, a frontier where globalization has been thriving is the spread of information. The Information Age has facilitated profound changes to societies and the ways people communicate. As a result, however, massive torrents of false information led to the "post-truth" era. The speed with which fake news spreads is unprecedented. In the time of social media, irrelevant chatter and matters dominate the discourse. As a result, reputational costs are expected to increase. International institutions are not immune to false information and are often spreading some as well as in the case of the World Health Organization (WHO). The research 1. separates facts from fiction about the actions of WHO shortly prior and with a focus on the initial stages of the pandemic; 2. assess the impacts of disinformation on WHO's reputation with the help of a proposed integrated framework borrowing from Habermas's communicative action and situational crisis communication theories, and 3. draws some parallels between WHO's current reputation and its reputation prior the COVID-19 pandemic by using historical tracing and secondary sources. The evidence points towards an ambitious ingratiation strategy by the WHO to court China into getting information early on to satisfy communicative action goals such as protecting stakeholders from harm; however, the strategy backfired and eroded WHO's reputation as an impartial organization. The analysis provides for a better understanding of the globalization of (dis)information and the status of international institutions in an increasingly fragmented world.


Keywords: International Governmental Organizations, Mis-(Dis)information, Reputation, World Health Organization

**"It takes many good deeds to build a good reputation, and only one bad one to lose it."**

**----- Benjamin Franklin**

## I. Introduction

At the start of the third millennium, some claimed that globalization was flattening the world (Friedman, 2005). Less than fifteen years later, the end of globalization and what to expect next have occupied the research agenda (O'Sullivan, 2019; Jacoby, 2018). While the former claim was an exaggeration, the latter is an overreaction (Ghemawat, 2017). However, the globalization of information appears uninterrupted (Fig 1), facilitating profound changes in the ways people communicate. And so the speed with which fake news spread globally is unprecedented. For instance, rumors about COVID-19 circulate the news daily, e.g., questioning its existence - the "Covid farce" orchestrated by health professionals and the media (Reuters, 2020); its origins - from people eating bat soup in Wuhan; its treatment - with antibiotics, bleach, etc., and many others. Such false information already caused hundreds of deaths (Islam et al., 2020). To counter the "infodemic" (Richtel, 2020), the World Health Organization (WHO) needs a favorable reputation as a credible source of information.

However, during the COVID-19 crisis, trust in the WHO has eroded to the extent that members called for an independent investigation in the handling of the pandemic. The subsequent efforts by the WHO, however, were not sufficient to satisfy the US, which had called for "major, substantive improvements," so Washington announced withdrawal from the organization, effective July 2021 (The New York Times, 2020). How did the WHO manage its reputation during the initial stage of the COVID-19 crisis? How damaged is WHO's reputation from the actions taken?

Research demonstrates that reputation matters in international relations - for instance in alliance formation (Crescenziet al., 2012), in conflict initiation (Weisiger & Yarhi-Milo, 2015), as a disciplinarian of international organizations (McGregor, 2019) and as a source for building trust in advice providers - a significant pre-determinant of compliance (Cairns et al., 2013; Coombs, 2007). In an age of unprecedented transparency and changing media landscape, it is important to actively manage the reputation of an organization, be it international organization (IO) or otherwise, by adapting the communication style. However, most of the time, reputation management efforts are inadequate (Eccles, 2007).

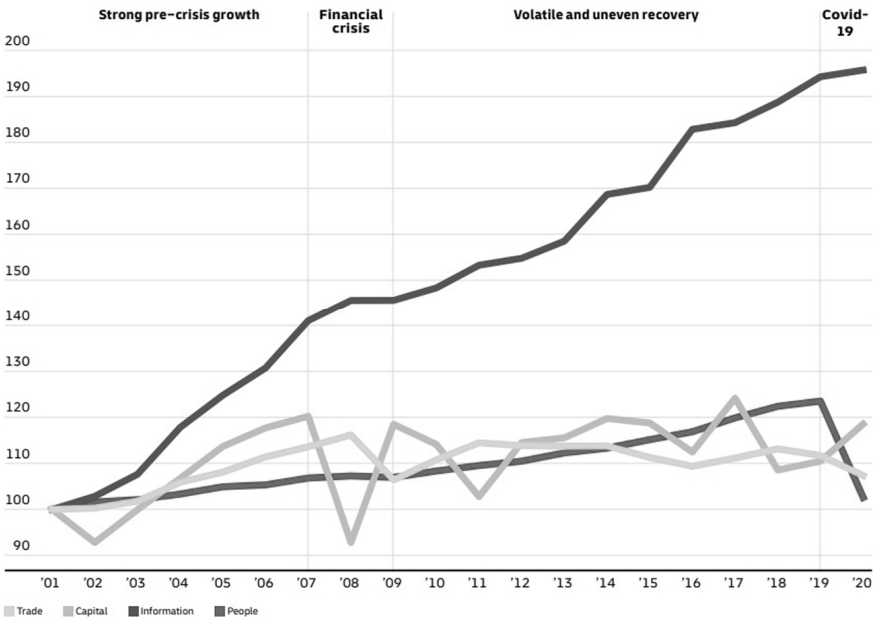


**Figure 1. Four Pillars of Global Connectedness, 2000-2020**

Source: Altman & Bastian (2021).

This paper adds to the literature on IOs reputation and crisis communication management by looking into the role of the WHO's strategic *and* communicative actions during the COVID-19 crisis. One of

the goals of the theory of communicative action (TCA) is to combine strategic and communicative actionsas "two equally fundamental elements of social interaction" (Habermas, 1982). While TCA acknowledges the role of strategic communication, it focuses mainly on communicative action, thus to complement TCA, communication effectiveness analytical guidelines are informed by situational crisis communication theory (SCCT).

Although focusing on a single case study- WHO's communication and reputation during COVID-19, the discussion can help readers understand how strategic and communicative actions impact the reputation of international institutions. The paper argues that the WHO initiated an ambitious ingratiation strategy early on to court China into getting information, so to satisfy strategic and communicative action goals such as improving its own reputation after Ebola and protecting stakeholders from harm; however, the strategy backfired and eroded WHO's reputation as an impartial organization. The paper is organized into three parts: 1. a literature review and an integrated theoretical framework; 2. a summary of WHO's communication response to COVID-19; 3. a theoretically guided discussion of WHO's crisis communication.

## II. Literature review and theoretical framework

Rationalists traditionally view reputation as the degree to which an actor reliably upholds its commitments, based on a record of past behavior (Guzman, 2007; Wartick, 1992). Constructivists see it as a relational concept characterized by a social, intersubjective quality, based on associations, feelings, and social cues (Sharman, 2007). It is an intangible asset that can be of value when attracting funding, recruiting and motivating employees, creating a competitive advantage, etc. (Lyon & Cameron, 2004). Recent research finds IO's reputation as multifaceted, including reputation for legality, morality, effectiveness, expertise, independence, and cooperativeness and may be perceived differently by multiple audiences

(Daugirdas, 2019). Reputation threats may cause issues within international organizations, for instance, sometimes organizations may be inclined not to face problems, but to cover them up, or to initiate changes only overtly (Daugirdas, 2019). Mediated communication and public opinion could impact reputation significantly (Coombs, 2007). Thus, successful risk and crisis communication management can improve reputation.

## A. Situational crisis communications theory (SCCT) and beyond

A key assumption in SCCT is that organizational communication affects people's perceptions in a crisis (Coombs, 2007). Organization's first responsibility during a crisis should be to communicate information on stakeholders' safety, not to protect its reputation. To satisfy such an ethical goal an organization needs to 1. guide stakeholders towards what they must do to protect themselves from physical harm and 2. update information for people to cope with uncertainty and resulting psychological stress by providing information on what had happened, what corrective actions have been taken, and expressing concern for the victims (Coombs, 2007).

After an ethical foundation has been established the organization can engage in reputation management. SCCT provides a strategic action guide on organizational communication. Strategic action is based on a "dialectic between the possible gain and the possible loss", i.e. on a cost / benefit forecast (Beaufre, 1967). The strategic action goal is a successful dialectical influencing of the actions of other rational actors. Communicative strategic goals to protect reputations include influencing 1. stakeholders' attribution of the crisis, 2. their perceptions of the organization, and 3. the emotions produced by the crisis (Coombs, 2007). Impacted stakeholders will seek to attribute blame (Sohn & Lariscy, 2014). Three factors shape the threat to reputation - initial crisis responsibility, crisis history, and prior relational reputation.

The attributed initial crisis responsibility is weak when the organization is seen as a victim, e.g. in the case of a natural disaster, a victim of false information, etc. (Coombs, 2007). The attributed crisis responsibility is minimal when the organization has contributed to the crisis unintentionally or events were out of its control, such as technical mistakes or the spread of misinformation by mistake. In the most severe case, when the crisis was intentionally caused by the organization, the attributed responsibility is very strong, e.g. due to neglect or disinformation.

While SCCT provides useful theoretical guidelines for strategic analysis, communication should be approached not only from strategic but also from integrative perspectives because different audiences may not be able to differentiate different types of communication- strategic or illocutionary (Ross & Chiasson, 2011).

## B. Theory of Communicative Action (TCA)

Communicative action (CA) is an ideal form of communication - "linguistically mediated interactions in which all participants pursue illocutionary aims, and *only* illocutionary aims, with their mediating actions of communication" (Habermas, 2015). For Habermas, in communication with illocutionary aims, the speaker intends to act on his or her words; i.e. the speaker reveals, expresses, asserts, or commits through the speech.

Communicative and strategic actions differ in their goal orientation. The CA occurs whenever actors' actions are driven not by strategic calculations towards self-serving ends, but by the desire to reach a human understanding (Habermas, 1981). The CA is consensual while the "pseudoconsensual" communication serves as strategic action to achieve a self-interest goals. However, the strategic action can be part of the CA as long as it is directed towards the end goal of understanding. Although people in power have relatively easier access to media outlets than the rest, civic society members can intervene in the process to affect the

debate (Habermas, 1981). Post-modernists and realists alike criticize TCA for assuming an idealized form of discourse. Foucault for instance argued that all relationships are political (dormant, politicized, or aiming to politicize) and therefore strategic. Discourse is used strategically, either in support or against power - "discourses are not once and for all subservient to power or raised up against it… a discourse can be both an instrument and an effect of power, but also a hindrance, a stumbling point of resistance and a starting point for an opposing strategy" (Foucault, 1998). Research has found for instance that politicization of a health crisis leads to non-compliance with organizational crisis response recommendations (Rothgerber et al., 2020), and results in ideological divides (Abbas, 2020).

CA focuses on the key issue of the asymmetrical interplay between the systems world, characterized by the instrumental reasoning of the capitalistic global economy and technological knowledge, and the life world of the community, characterized by unique, subjective, social background. To overcome the challenge of integrative rational communication between the systems world, and the lifeworld one needs a comprehensive understanding or communicative competence. Communicative competence is composed of a grammatical dimension (lexical items, sentence-grammar semantics, phonology, etc.); a socio-linguistic dimension (effective recognition of socio-cultural rules in communication such as settings, topics, and communicative functions in different sociolinguistic contexts; cohesion and coherence), and a strategic dimension (use of pauses, strategic avoidance of uncomfortable wording or unknown grammar, addressing strangers in unknown context, etc.). Given WHO's multilateral fabric, the TCA's focus on communication, mutual understanding, and coordination of action facilitates particularly well a critical analysis of the WHO's communication during the COVID-19 crisis. Under the TCA umbrella, the SCCT serves to explain the communication aimed toward strategic actions and goals. Figure 2 below illustrates the integrative theoretical framework.

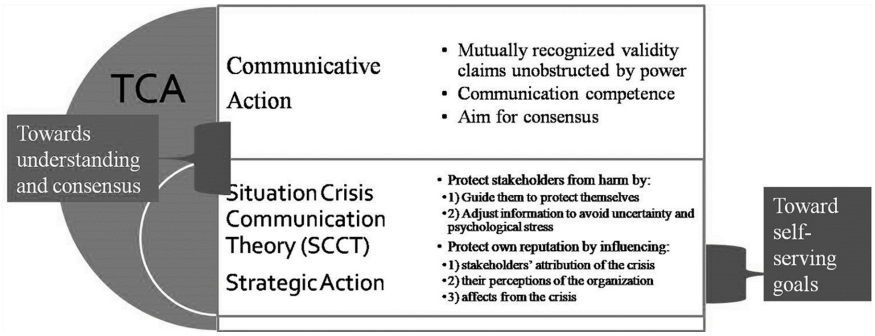


**Figure 2. Integrated theoretical approach TCA+SCCT**

Source: Author.

## III. The Case of the WHO and COVID-19

In late 2019 a novel virus began spreading in China. At the time of writing more than 180 million people worldwide have been infected and four million have died. The WHO has an archived timeline and an adjusted timeline of its initial responses. Following is a short summary of how the WHO communicated at the start of the crisis based on three accounts: A. From its archived COVID-19 timeline and its social media posts at the time; B. From its updated COVID-19 timeline; C. From various media and stakeholders' intelligence and news releases, reports and public comments.

### A. The WHO archived timeline and related WHO social media posts

#### 1. Initial communication and crisis response

The WHO began communicating about a novel coronavirus on December 31, 2019, after a report by China. A few days later the WHO stated via a tweet that a "cluster of pneumonia" was reported by China (WHO, 2020a). The same day, the WHO shared its first press release in

which it informed that "no evidence of significant human-to-human transmission and no health care worker infections have been reported" by China (WHO, 2020b). Based on the information and evidence provided by China, the WHO's risk assessment at the time was inconclusive, the organization asked for more information from China and recommended no specific measures while advising against travel and trade restrictions on China. During the day the WHO continued to update the information coming from China about the number of cases and possible causes ruling out SARS and MERS (WHO, 2020c).

On January 10, the WHO provided technical interim guidelines to members on how to monitor sick people, test samples, treat patients, control infection in health centers, maintain the right supplies, communicate with the public about the virus, and a tool for national authorities to review their capacity to detect and respond to the virus (WHO, 2020d). On January 12, the WHO released a second news update, praising China's Health Commission stating that the "WHO is reassured of the quality of the ongoing investigations and the response measures implemented in Wuhan, and the commitment [by China] to share information regularly", mediated information from China on the first novel coronavirus related death, reiterating to member states to keep travel and trade with China open, and refrained of providing any specific travel advice other than the ordinary flu guidelines (WHO, 2020e). The Director General (DG) Tedros Adhanom Ghebreyesus (TAG) personally took to social media to express gratitude to China's health minister Ma Xiaowei for his "commitment and work and the Chinese government's leadership in global public health by sharing information on this novel #coronavirus (2019-nC0V) in a timely manner", praising all scientists and health workers in China (Ghebreyesus, 2020). In this update, notably, the WHO also informs that China has shared the virus's genetic sequence. On the same day, the WHO named the virus 2019-nCoV.

On January 14, the WHO shared China's preliminary investigation

results that had yielded no evidence to ascertain human-to-human transmission and called for additional investigation of the causes, given that the imported case had not traveled to the wet market in Wuhan believed to be the source of the outbreak. Maria Van Kerkhove (MVK), WHO's head of the emergency response and a tech lead, at a conference for the first time spoke of a possibility of a "limited" human-to-human transmission (UN, 2020). On January 16, the WHO reiterated that "the fact that some cases do not seem to be linked with the Huanan seafood market means we cannot exclude the possibility of limited human-to-human transmission". A few days later the WHO tweeted that there is evidence of limited human-to-human transmission (Kerkhove, 2020a).

A couple of days later the WHO reiterated finding evidence of human-to-human transmission, yet cautioned that more investigations are needed. At the same time, the first 2019-nCoV situational report informed on the cases in China, Thailand, Japan, and South Korea in detail. TAG summoned an emergency committee (EC) a day later; however, the members failed to reach a consensus on whether the outbreak constituted a public health emergency of international concern (PHEIC), and scheduled a second meeting for early February. To speed information inflow, on January 27 WHO reached an agreement on pre-publication sharing of information with leading journals (WHO, 2020f). On the same day, MVK shared more resources on emerging respiratory viruses, including 2019-nCoV, and methods for detection, prevention, response and control (Kerkhove, 2020a).

The WHO expanded communication to include the wider public on the same day, conducting a live Q&A session on 2019-nCoV, on social media, indicating possible infection via asymptomatic contact, providing guidelines on how to react if symptoms occur, on how to find out if it were a seasonal flu or a novel virus, regarding the safety of packages from China, expressing concern for people falling sick, stressing the importance of healthcare workers protection in affected areas, and stating that people

are under individual risk depending on where they are given that at the time only 12 countries had reported cases (WHO, 2020g).

A day later on January 28, the GD TAG and a high-level envoy from the WHO visited China. TAG met China's president and discussed ways to stop the virus. In a press release, the WHO reiterated its appreciation for China's demonstration of "seriousness… commitment… and transparency" during the outbreak (WHO, 2020h). Both sides agreed to work together in combating the virus.

On January 31 after reaching a consensus, the EC advised the Director General that the outbreak in China has become PHEIC. WHO held a couple of live press conferences in Geneva on the same and the next days, pledging factual information, so to contain misinformation and fear. Instead of Wuhan Virus, MVK pleaded to media professionals to call the virus 2019-nCoV in support of TAG's call for solidarity instead of stigma. By the end of January WHO informed of 7818 total confirmed cases worldwide, mostly in China, and 82cases in 18 countries outside China, and assessed the 2019-nCoV risk as very high for China, and high globally.

## 2. Crisis management communication from PHEIC to a global pandemic

In early February 2020 WHO disseminated the Strategic Preparedness and Response Plan to assist in protecting stakeholders with weaker health systems. Ten days later hundreds of healthcare experts and donors attended a WHO-organized research and development forum. At the forum on February 11, during a daily press briefing TAG began relating to the Ebola crisis and some of the steps WHO had taken in combating Ebola, praising the leadership of Congo. The DG stressed that the WHO functions are to coordinate the response in a multi-lateral fashion, to provide 18 months forecast and guidelines on vaccine development and how to protect others. The leader urged stakeholders to use the window of opportunity

created by China's "serious measures", and warned of dire consequences if countries missed the opportunity to prepare (WHO, 2020i). Later on, at the same forum, a WHO representative called China's clinical trials a "vital gift" to the world to cope with the virus and expressed concern for the suffering of families in China. A journalist asked TAG if he had heard that China has changed the case reporting system to exclude asymptomatic cases, to which TAG responded to have no information on the matter and that he would inquire. The head of hazard response later during the meeting clarified that China has indeed changed the case definition to include asymptomatic cases if and only after they showed symptoms. TAG expressed a view that such change is good, actually. British journalist asked for more information on what appeared to be the first case in Burkina Faso, to which TAG again responded that WHO has no such information and was not aware of a conference held there. The WHO had also no detailed information on how stakeholders should proceed with cruise ships docking, some having been rejected, stressing general human rights guidelines. Finally, on speculative estimates of how far the virus will spread, WHO advised containment, caution, and focusing on the "source" to slow and stop the spread.

A week later February 16-24, a WHO-China joint mission visited a few cities in China incl. Wuhan. The follow-up report by the experts had high admiration for China's "remarkable" response in terms of scale, impact, speed, and solidarity. By the end of February MVK was "humbled" by the Chinese scientists, healthcare officials and workers, and society. Meanwhile, TAG explained that COVID-19 spreads from person to person mainly through the droplets produced when an infected person speaks, coughs, or sneezes. Next, the WHO released a step-by-step guide on hand sanitation. The WHO's head of the health emergency program declared the highest emergency level and called on governments around the world to get ready.

In early March, the WHO's MVK continued to share information

coming out of China (see Fig 3), followed a few days later by an explanation as to how the fatality rate is calculated. And on March 11, due to the rapid spread and inaction by stakeholders, the WHO declared COVID-19 a global pandemic. The WHO advised against a one-size- fits-all solution and proposed four response scenarios tailored to no cases, sporadic cases, clusters of cases, and community transmission. A couple of days later the organization clarified that children are less likely to contract the virus. (End of the archived version of events.)

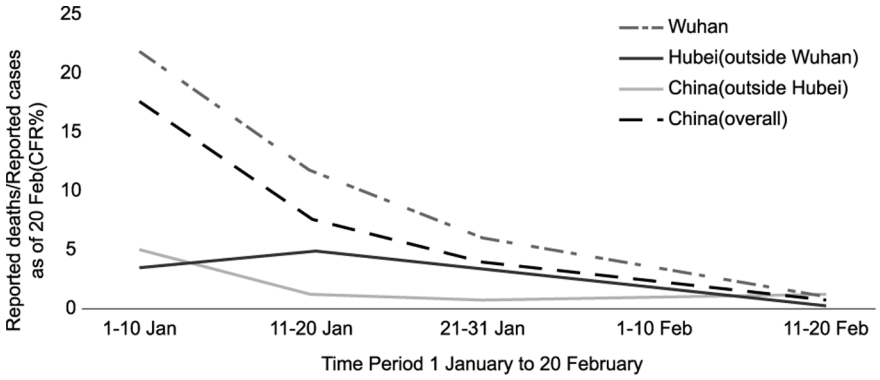


**Figure 3. Case Fatality Ratio**

Source: Kerkhove, 2020b.

## B. WHO adjusted account of communication events (differences with the archived timeline)

On June 29, 2020, the WHO published a second account of events indicating that the second account supersedes the earlier, and clarifying that the second account is also not a complete account of all events. Following is a summary of some of the differences (WHO, 2020j).

### 1. Initial communication and crisis response

On January 2, the WHO offered help to China, informed the Global Outbreak Alert and Response Network (GOARN) about a pneumonia

cluster, and a couple of days later shared detailed information about the case through the International Health Regulations 2005 Event Information System accessible to all member states. The information advised member states to take precautions to reduce the risk of acute respiratory infections. WHO reported on Jan 9 that China has determined the cause of pneumonia to be a novel coronavirus. On the same day, WHO convened the first teleconference with experts, followed by three more the next day, and many more in the following days. TAG spoke twice with China's healthcare leadership.

The technical guidelines were presented in more detail and on Jan 13 WHO shared the first protocol on the novel coronavirus diagnosis while the WHO's regional office for the Americas issued an epidemiologic alert and some recommendations. On Jan 24 the WHO director for Europe stressed the importance of readiness, mirrored by the South-East Asian director a day later. A couple of days later the WHO launched its learning platform on coronavirus - Open WHO - offering online courses and learning materials. A more detailed account of TAG's visit to China was provided.

On January 29 the WHO released a mask advisory, recommending a limited use of masks in a healthcare context and against wide use in community settings (WHO, 2020k). The WHO furthermore shared information on the collaboration with the World Economic Forum - the Pandemic Supply Chain Network (PSCN) - and its mission "to create and manage a market network allowing for WHO and private sector partners to access any supply chain functionality and asset from end-to-end anywhere in the world at any scale".

## 2. Crisis management communication from PHEIC to a global pandemic

WHO expanded details on its strategic planning. On February 12, WHO engaged Silicon Valley companies to explore digital solutions to

keep people safe and informed about COVID-19. Guidelines specifically for mass gatherings were issued. On February 16, the WHO dispatched six experts to provide strategic advice, and high-level political advocacy and engagement across the world.

By the end of February, the WHO provided guidelines on minimizing the use of personal protective equipment (PPE). The WHO reiterated its guidelines of response - performing hand hygiene frequently and after each disposal of protective materials, avoiding touching eyes, nose, and mouth. The organization stressed practicing respiratory hygiene by coughing or sneezing into a bent elbow, wearing a medical mask for symptomatic cases, and maintaining social distance (a minimum of 1m) from symptomatic cases. In addition, regarding quarantined individuals, WHO issued a consideration statement.

In early March, the WHO called for an increase in PPE production by 40% as part of its ongoing engagement with the industry. The WHO issued the Global Research Roadmap prioritizing research objectives in nine areas. A day before COVID-19 was announced as a pandemic, the WHO co-published a guide and a checklist for schools, parents, and students.

### C. Stakeholders, media, and public reports in the same period

Various media outlets such as DeutscheWelle (DW), New York Times, China Daily, AlJazeera, BBC, etc., and individuals keep timelines of the events during the COVID-19 crisis. The following is a summary of events, not stated on WHO's timeline, or different in content.

On Jan 6 at a WHO meeting, members were frustrated that China was "not sharing enough data to assess how effectively the virus spread between people or what risk it posed to the rest of the world, costing valuable time" (The Associated Press, 2020). The Wall Street Journal announced on Jan 8

that Chinese scientists have already genetically sequenced the new virus, four days before WHO's announcement, yet AP points to an even earlier complete sequencing - from Jan 2. At the same time WHO's technical guidance report on how to identify cases was shared by China Daily.

German intelligence service reported that WHO was under pressure by China to postpone declaring the crisis a global public health emergency of international concern (PHEIC) (Jamali & O'Connor, 2020). And that the Chinese President Xi Jinping had personally called TAG seeking to delay the announcement (Gebauer, 2020). Thus, US President Donald Trump accuses the organization of having lost its impartiality and of having conspired with China to conceal the spread of COVID-19 in that country in the early stages of the outbreak (Chiacu et al., 2020). China, in turn, claims to have been a "victim of disinformation" and to have "never attempted to manipulate the organization" (Ministry of Foreign Affairs of China, 2020). The WHO rejected the intelligence reporting about a phone call between TAG and Xi Jinping, however, WHO did not reject the overall claim of the reports that the WHO was under pressure by China to delay the announcement. A week later, the US CIA reported similarly, though without Xi's involvement, that China had threatened to stop its cooperation with the WHO if the crisis was made a PHEIC. The German intelligence service estimated that due to China's information politics and delay the world has been deprived of four to six weeks in preparation time.

On January 30, DW reported that WHO's TAG did not recommend trade and travel restrictions, stressing that those would be "unnecessary disruption." In February, the COVID reference textbook reported the findings of the WHO's Joint Mission to China and concluded that the aggressive use of quarantine by the Chinese government was the right thing to do (Hoffmann & Kamps, 2020).

## IV. Discussion

"A shrimp's back breaks in a fight among whales."[1] China and US are currently competing on many fronts -security, trade, human rights, and healthcare - slipping into a new cold war, some have argued (Myers & Mozur, 2020). Thus, WHO was caught in the middle, accused by the US of serving China. The US president called WHO *inter alia* a "political, not a science-based organization" that promoted China's "disinformation" about the virus which likely led to a wider outbreak, and that WHO "failed in its basic duty and it must be held accountable". Then the US withdrew from the WHO in 2020. The WHO responded in kind accusing the US of politicizing the issue on April 8 and on July 23 that the US is spreading disinformation calling Mike Pompeo's comments about a secret deal to appoint TAG "untrue and unacceptable and without any foundation for that matter."

Keeping in mind the context in which the crisis unfolded, the following discussion is structured in two parts and three sections- based on the theory and following the observations in the case pre-after PHEIC announcement. In the first and second sections, questions informed by the SCCT occupy the discussion aiming to explain if the WHO initial crisis communication was more towards protecting stakeholders from harm and how, or more towards preserving its own reputation. The third, critical part, discusses power relationships and their influence as impediments to achieving communicative action goals.

### A. Discussion I - ensuring well-being of stakeholders

Did the WHO ensure the well-being of its stakeholders in the early stages of the crisis and what steps did it take to protect its reputation? It is

[1] Korean Proverb.

evident from the language in both WHO timelines, the archived and the updated, that the WHO has made efforts to change the narrative to portray a more active and action-oriented WHO by changing from passive to active voice. It is also evident that information coming from China was scarce, thus limiting WHO's role to a medium of information, often hard to verify.

However, first, to ensure the well-being of its members, the WHO advised early on member states take precautions to reduce the risk of acute respiratory infections in general, lacking precise information. So, to gain more detailed information on the outbreak in China, the WHO engaged in strategic ingratiation towards China. By simply repeating the Chinese government's claims of no human-to-human transmission which was neither verified nor credible information at the time and praising China for its transparency, the WHO lost credibility early on. To illustrate, later in July, during a conference on how to deal with the crisis infodemic, the WHO prescribed five steps: 1. To look for facts and evidence by being critical towards the source; 2. To share content only from trusted sources; 3. Avoid sharing false information; 4. Correct and call out people when something is untrue; 5. Minimize online time. Applying these steps to WHO's conduct at the beginning of the crisis poses questions as to why they trusted the claims by China's government unconditionally and shared unverified information, especially amid reports on China's silencing of doctors at the time (Buckley, 2020).

According to media reports above the WHO engaged China on Jan 1 seeking more information. International law informs that China had 48 hours to comply (WHO, 2005a), which they did. However, at the time of writing, all links in the first and second WHO's news release as well as their first situation report, which supposed to lead to China's Wuhan Municipal Health Commission, lead to page "404 Not Found". The Chinese government is a master of information control even in real-time, as they have proven many times in nationwide live televised crises such as during the 2008 Beijing Olympics (Liang, 2015). Beijing is also aware that the

WHO is vulnerably dependent on information supply in the early stages of an outbreak. While Chinese scientists were racing to identify and contain the virus, the Chinese government was racing to control the message, the speed, and the impact, hoping to instrumentalize the WHO. Apparently, the Chinese government entered negotiations with WHO having strategic goals in mind, one of which was to create a time buffer between what the government knew, and when the WHO should be allowed to share it with the rest of the world, so to come out of the crisis with a positive image.

China's actions and eventual reluctance to share information, however, were not the only reason why the WHO engaged in an ingratiation strategy towards China, e.g. TAG repeatedly vouched for China and asked others to congratulate China's efforts. Having admitted to being too slow to respond to Ebola, the WHO needed a strategy to speed up the dissemination of information. Thus, while the Chinese government was looking for ways to delay sharing information with the world, the WHO engaged in strategic ingratiation and flattery towards China to speed up the sharing. Some accuse TAG of kowtowing to China due to China's role in his appointment as DG which may be the case, however, in the COVID-19 crisis the evidence points toward a coordinated, common voice of many of WHO's employees such as TAG, MVK, and senior and technical staff. They all praised China, even more aggressively after the data sequence of the virus which China had de-coded on Jan 2, leaked first through the WSJ on Jan 8 (WHO shared it on Jan 12).

Being late to report and advise on key developments eroded further WHO's reputation after Ebola. The WHO could not have risked being portrayed as slow and incompetent again, which is also the reason why the organization pushed for and found a way to obtain pre-publication articles from mainstream scientific journals by the end of January.

Looking at the timelines and media/social media accounts, both announcements of a PHEIC and a pandemic seem to have been synchronized

with Beijing. For more than 6 weeks, until the JointMission ended, WHO kept prizing China insisting that China has given a gift to the world – a window of opportunity, a "window of opportunity because of the strong measures China is taking" (WHO, 2020l). For a global organization, aiming to stay impartial politically, such behavior of constant support was interpreted as serving China's strategic interest, e.g. later on the Deputy Prime Minister Taro Also called the WHO the Chinese Health Organization.

However, once China announced human-to-human transmission risk on Jan 20 after having finished both pre-scheduled meetings in Wuhan including the Chinese New Year banquette, the WHO took a couple of days to confirm human-to-human transmission and MVK engaged right away in providing direct advice in a Q&A session towards the wellbeing of stakeholders. In addition, the WHO came up with its first situation report; early warnings and advisories were also evident. Such developments suggest that the WHO had a strategy of flattery not to serve China as an end goal in itself, but to gain more understanding of the virus, so to protect all stakeholders. The strategy to obtain access and information worked because on Jan 28 in Beijing, Xi Jinping agreed with TAG to allow a WHO-China joint mission, officially confirmed on February 6. However, how severe was the cost to WHO's reputation?

The trade-off in WHO's strategy was to avoid criticism toward China which led to some stakeholders' perception of a loss of impartiality. Could the WHO have criticized China about issues, such as silencing doctors at home to control the narrative which delayed the global efforts some argue by four to six weeks; China's change in its accounting of cases without consulting the WHO first, evident by TAG's lack of knowledge on the issue during WHO's press briefing; or China's delay in information sharing and being not fully transparent not only on the genome sequencing but also on the transmission and seriousness of the virus under the pretext to avoid panic? The Chinese government reacted to the backlash at home for silencing doctors and introduced a new law to protect whistleblowers later

in the year (DW, 2020a). Some argue that courting China and forwarding disinformation has resulted in delays. Others point out that having a more confrontational approach would have resulted in even slower information sharing by China. However, public criticism of a powerful member state is rarely helpful in seeking cooperation. Furthermore, there is little evidence to support the claim that the WHO is China's puppet. The evidence suggests that WHO's initial objectives were towards understanding the outbreak, so to help stop it in its tracks and save lives, the organization needed to get to China and obtain information.

Second, the argument goes that the WHO aims to protect stakeholders' wellbeing but is often impeded by ethical considerations of scientific proof, i.e. the organization has been often a step behind the trends, for instance, the WHO was late to endorseand recommend wearing face masks for the general public, having initially recommended and defended limited use (WHO, 2020m). However, if there were no evidence for the novel coronavirus in January, based on other respiratory viruses WHO should have made a more considerate assessment. Begs the question of why WHO waited till August to promote a wider call for members to take a comprehensive "do it all" response to the pandemic (WHO, 2020n). The WHO has been criticized for being slow, risk-averse, and conservative in updating its guidelines on how the virus spreads (Mandavilli, 2020). Instead at the start, the WHO was worried that masks might not be enough for healthcare personnel, especially in poorer countries. However, in January the WHO set up a PPE supply team, and later on engaged the IT industry for smart solutions. Yet, the WHO did not change its stance on masks till June when its meta-study delivered results that masks should be advised. Waiting 6 months to recommend masks due to lack of evidence while having confirmed the virus to be spreading through the respiratory tract, seems a little late and not enough. Contrary, the WHO should have had a general policy in favor of face covering and then stress that some countries should opt-out due to the local situations, shortages, cultural and other reasons. In places like Taiwan, masks were an integral part of containing the

virus successfully and smart apps were in place for people to see in which pharmacies they were available (Focus Taiwan, 2020). Thus, WHO lagged in advice unrelated to China and which additionally hurt its reputation.

Third, trying to reduce the psychological pressure on stakeholders, according to the theory, in the early stages the WHO refrained to make predictions on how many people might get sick and dis-encouraged scientists who have done so (Boseley, 2020), so to avoid panic and speculation, later on WHO predicted that 2 million might die which leads to a contradiction (DW, 2020b). WHO introduced interim guidelines for mental health protection on March 18. The SCCT informs that organizations alleviate stress by providing information on what had happened, what corrective actions have been taken, and expressing concern for the victims. On this point, WHO's guidelines were not precisely in line with the theory. While the WHO expressed concern for affected people, extended numerous guidelines on how to cope with the crisis such as to avoid misinformation, stigmatizing patients, etc., it provided little information in the report on the actual situation and on what corrective actions have been taken to combat the spread of the virus and associated misinformation.

Last but not least, Thailand had airport checks in place as early as Jan 3, and so did Taiwan and other places in Asia. The WHO maintained for a long time that borders should remain open for people from China in line with its longstanding guidelines on borders. However, a study has concluded that the WHO has a too narrow a view on borders (Ferhani & Rushton, 2020). On the other hand, when China quarantined 20 million people, the WHO supported the move as the right thing to do. Having a controversial, or as later in the case of the cruise ships disaster, no other early advice, but to call for cooperation, has further eroded WHO's credibility which resulted in non-compliance on the travel advisory early on in many countries including the US.

To conclude, it appears that at the start the WHO has engaged in

communicative action i.e. towards an understanding of the outbreak, supplemented by strategic actions such as flattery, engaging peer-reviewed journals for pre-print sharing of articles to be at the forefront, etc. Unfortunately, the communication from the other side was strategic, thus reducing the speech act to a "pseudoconsensual". Most importantly, the WHO could have done better in terms of recommendations such as facial covering, travel restrictions, stress alleviation, and forecasting to ensure the wellbeing of its members. Therefore, although the evidence points to WHO with good intentions, the strategy, and the decisions often undermined WHO's credibility and consequentially - reputation.

## B. Discussion II – the WHO's strategy to protect its reputation

When did the WHO engage in reputation protection? There is little to no evidence that the WHO engaged in strategic communication with stakeholders to influence their view of its attribution of responsibility in January 2020. The earliest WHO engagement was to warn states of the stigmatization of China in February. Apparently, the WHO accessed its attribution of responsibility as weak early on and did not anticipate the upcoming storm. The WHO made the first attempts to engage media outlets and stakeholders strategically to frame the narrative in late January and early February. Efforts to shape stakeholders' perception of the organization came as reminders by TAG and the Executive Director Michael J Ryan (MJR) of WHO's relational achievements in the fight against Ebola, hepatitis, and the successful campaign to eradicate smallpox, *inter alia*.

However, the WHO assumed leadership of the crisis after announcing PHEIC, thus the attribution of responsibility, not for the origin of the crisis, but for the efforts to reduce the death toll, should start from this moment and some might argue even later after declaring the outbreak a pandemic in March, and not prior. The responsibility prior to PHEIC lay

strictly with the Chinese authorities to fulfill their obligation and to share information with the WHO. Thus, it surprises many that WHO would engage in a strategy of flattery prior to opening itself to criticism and political attacks. As such the strategy of flattery by WHO prior to the declaration of PHEIC could be seen as unnecessary and counter-productive unless we assume that having failed to respond timely to Ebola, the WHO would have risked engaging in such strategy as to deliver an excellent response in minimizing the casualties this time around. According to the SCCT prior handling of other similar crises could lead to intensification of attribution. WHO's reputation was damaged by the Ebola crisis to the extent that a group of experts recommended, among others, the WHO be stripped of its right in declaring disease outbreaks as international emergencies (Moon et al., 2015). Reforms were initiated to repair its image (Cheng, 2015). Was the WHO in search of understanding of the virus primarily, or in search of a way to protect its reputation? Probably both goals were part of WHO's behavior, yet there is little evidence to suggest that WHO engaged stakeholders to minimize its attribution of responsibility early on.

Second, TAG demonstrated weak communication competence in defending WHO's actions and reputation. In the early handling of the outbreak, reports came that WHO had ignored an early warning from Taiwan. While the semantics aren't outright indicating a warning, the WHO's response was inadequate and provided no guidance or direction for Taiwan. The confrontation escalated and in an attempt to weaken stakeholders' view on the WHO's initial crisis responsibility, TAG portrayed himself as a victim of racial discrimination; an attack orchestrated with the knowledge of the Taiwanese government he claimed at an official WHO conference (Ministry of Foreign Affairs, Taiwan, 2020a). TAG failed to provide evidence, thus engaging in disinformation. The situation backfired and WHO's reputation eroded further. As a response, a social movement in Taiwan crowd-funded an ad in New York Times reading "WHO can help?", and the answer was "Taiwan" (Haggerty & Lee, 2020).

Neither were TAG's comments in line with WHO's goals to protect people from the virus or its reputation from the infodemic surrounding it nor were they delivered at an appropriate venue. Instead, TAG contributed to the infodemic. Such a lack of communication competence eroded further WHO's reputation.

Third, a key role of international institutions is to provide timely and accurate information to their members. The WHO has been helpful in the global fight against infectious diseases, such as smallpox, polio, SARS, and Zika. Most of WHO's tasks related to data gathering, defining terminology, creating protocols, and other important coordinating functions. "WHO coordinated all of the different countries to agree that we're going to call this disease this, and this is what it's going to look like, and these are the diagnostics" (Bort, 2020). On the other hand, WHO has faced lots of criticism for how it dealt with Ebola and COVID-19. While in the former case the organization agreed that it has failed to meet the challenge, the latter is more controversial. Throughout the pandemic, the WHO has aimed at portraying itself as a factual organization. Yet obfuscating messages, unsupported claims, and outright disinformation throughout the pandemic hampered such efforts. For instance, by prioritizing scientific perspective over clarity, the WHO aiming at countering immunity passports tweeted without much context that recovered patients are not immune from a second infection (WHO Jordan, 2020). Many people and news outlets shared the information which led to confusion, fear, and unnecessary stress. However, after South Korea's center for disease control (CDC) had provided some scientific evidence on false-positive testing (Cha & Smith, 2020), MVK although technically right because the virus mutates (DW, 2020c), reiterated that "some response" will occur but also that second-time infections can be false positives. Breaking away from scientific accuracy, on a few occasions the WHO engaged in unsupported claims, for instance, that asymptomatic spread of the virus seemed to be "very rare" (Kundu, 2020). MVK later clarified that it was a "misunderstanding" (AFP - SBS News, 2020). Meanwhile, the news had spread and the Harvard Global

Health Institute stated that the WHO "created confusion," and that "all of the best evidence suggests that people without symptoms can and do readily spread SARS-CoV2, the virus that causes COVID-19" (McDonald, 2020). Moreover, in yet another exchange of statements with Taiwan, the WHO was accused of "misleadingly claiming that Taiwan and WHO share good and extensive interactions" (Ministry of Foreign Affairs, Taiwan, 2020b). Taiwan claims that the WHO does not share information on the situation in Taiwan, politicizing the healthcare of Taiwanese citizens due to pressure from China (Reuters, 2020). Thus although efforts were made to boost reputation through an image of a provider of accurate information, often the controversies and misunderstandings mitigated the efforts.

Failure to provide timely and reliable information results in erosion of WHO's image and public trust in WHO which leads to non-compliance with prescribed guidelines. A 2015 survey concluded that the WHO is "in control" of its image and can directly influence stakeholders' perception because only 12% formed their perception of WHO based on comments on social media while 75% based on first-hand experience and 59% based on information provided by the WHO. However, in the time of the novel healthcare crisis first-hand experience is scarce. A finding of concern is that most healthcare workers (HCWs) (61%) formed their opinion of COVID-19 via social media (Bhagavathula, 2020). Though it is not clear how much of it was obtained from the dozens of WHO social media accounts and how this affects their perception of WHO, it indicates that the time of data collection plays an important role and that social media has become as relevant as traditional media. Thus, the WHO had engaged Whats App, Viber, Facebook, and other apps in an attempt to shape stakeholders' opinions of the organization.

To conclude, in line with SCCT, since the end of January the WHO has actively engaged in strategic actions in communication to protect its reputation by minimizing the attribution of responsibility, relating to prior successes, and aimed to portray itself as a body of accurate and factual

information. The evidence suggests that the WHO has in many instances failed to boost its reputation due to poor communication competence of individual employees, controversies, and obfuscations, and in a few instances the efforts backfired.

### C. Discussion III – power influence on discourse

Both SCCT and TCA inform and warn of some stakeholders' eventual negative perceptions of the organization during the crisis. SCCT prescribes that strongly affected members would look for higher attribution of responsibility and / or might use the organization as a scapegoat. TCA warns of attempts of influence with the use of economic means.

While in line with the proposed framework, i.e. the WHO used strategic actions to achieve illocutionary goals, i.e. flattery, and suppression of information from Taiwan to get China to be more transparent and invite a WHO mission, so to achieve its end goal of protecting stakeholders from harm, and while China's scientists had a similar goal to the WHO, the Chinese government had different priorities. The divergence on goals and pace of release of information prompted the WHO to change its posture and engage in flattery and subservient behavior to obtain information from China. From Habermas's critical theory point of view, such dynamics should have been avoided because China has engaged in what he calls "pseudoconsensual" communication, i.e. communication that is aimed at controlling the message and the pace of dissemination to domestic and foreign audiences. Similarly, the US has decided to politicize the crisis. The US needed a scapegoat for failing to contain the virus at home, so President Trump unleashed a torrent of tweets aimed at attributing more responsibility to China, the WHO, or their relationship. In line with TCA, Trump threatened the freezing of funds and later withdrew from the WHO when the organization needed support most. Mike Pompeo later continued the disinformation campaign aimed at high attribution of responsibility towards the WHO.

Both China and US have used communication strategies to achieve strategic goals, while the WHO has used strategy to obtain information on communicative action goals. However, people perceive the WHO as credible not based on what the end goal of the WHO was but rather on how it achieved it. Thus, WHO's reputation eroded. The means employed by the WHO resulted in consequences for WHO, e.g. a petition (Yip, 2020) for TAG's resignation signed by more than a million people, an ad in the New York Times doubting WHO's response capabilities, and negative word of mouth for instance during live WHO events, the comments by concerned viewers on social media are seldom positive (WHO, 2020o).

## V. Conclusion and recommendations

The WHO's reputation as a credible source of information during the COVID-19 crisis has eroded as predicted by the SCCT theory. The erosion was exacerbated due to China's and US' selfish strategic action goals which were divergent from WHO's goal to quickly obtain and share information on the virus. In line with Habermas's theory, the WHO has pursued communicative action and goals, while in line with Foucault, China and US have politicized the issue and engaged in strategic actions. On one hand, the erosion occurred due to false information spread by China and US - the former successfully instrumentalizing the WHO to disinform to buy time while the latter - using the organization as a scapegoat spreading rumors that the WHO is a puppet of China. On the other, the evidence suggests that it was the WHO's own decision to court China and share unverified information. Engaging in a strategy of ingratiation and flattery toward China was misinterpreted by many as WHO's end goal or a price too high to pay as an impartial organization. As such the strategy, although successful in getting information out of China as quickly as possible, led to an erosion of trust in the organization.

Although the WHO had the best interest of its stakeholders in mind,

evident from the enormous number of briefings, conferences, initiatives, and technical recommendations, and from the timing they were delivered, the organization was controversial and/or obfuscating on a few important issues including face covering the spread of the virus, and the way states should deal with their borders.

In terms of its efforts to protect its reputation, the WHO apparently, at the beginning was more concerned about the stigma toward patients and nations associated with COVID-19. There isn't much evidence to support the claim that the WHO has engaged stakeholders to reduce attribution of responsibility from PHEIC until the pandemic was announced and thereafter. The first evidence to boost its reputation relates to its achievements in the fight against Ebola, chickenpox, polio, etc. On several occasions thereafterthe WHO defended its conduct against disinformation coming from the US and later on created numerous reports showing transparency and accountability, especially after stakeholders called for an independent investigation of WHO's handling of the pandemic. However, TAG's attempt to play a victim of disinformation demonstrated low communication competence and led to severe damage to WHO's reputation.

When analyzed from an integrated critical theory perspective, a couple of recommendations can be drawn. First, although the limited evidence suggests that the WHO had the right intentions and communicated to understand the issue, seeking consensus, the lack of understanding of the political context led to a selection of ingratiation strategy toward China that backfired.

Second, the theory of SCCT prescribes that when stakeholders are heavily affected by the crisis they will look to attribute responsibility elsewhere. The WHO should have been aware of such prescriptions for nearly a decade and should have anticipated some of the attributions attempts to go its way, thus the organization should have prepared for such a scenario which was not evident by its early response.

Third, the WHO's understanding of its overriding goal for effective communication during public health emergencies as "to build, maintain or restore trust" should come first to save lives (WHO, 2005b). To build trust, the strategies, goals, and actions of the WHO should be communicated transparently and impartially. The WHO was criticized for being risk-averse, so it took a risk to engage in strategic flattery, and now it is criticized for taking a risk. Finding the right balance is a difficult task in a time of crisis; the WHO should enhance communication quality, aiming at a common understanding of its end and supporting goals.

Finally, despite US withdrawal under Trump, the WHO has seen strong support from the majority of its 194 members (Noack, 2020). And President Biden rejoined the WHO in 2021. Thus, there still might be hope for the WHO to change people's perception, by addressing the mistakes made, and by demonstrating accountability.

## References

Abbas, A. H. (2020). "Politicizing the Pandemic: A Schemata Analysis of Covid-19 News in Two Selected Newspapers."*International Journal for the Semiotics of Law - Revue internationale de Sémiotique juridique* 35: 883-902.

AFP - SBS News. (2020). "Who Backtracks on Claim Asymptomatic Spread of Covid-19 Is 'Very Rare'." https://amp.sbs.com.au/v1/news/article/who-backtracks-on-claim-asymptomatic-spread-of-covid-19-is-very-rare/4317edce-cf72-4284-b657-511653710aa9. Retrieval Date: 2020/06/20.

Altman, S. A. & Bastian, C. R. (2021). "DHL Global Connectedness Index 2021 Update." https://www.dhl.com/content/dam/dhl/global/dhl-spotlight/documents/pdf/2021-gci-update-report.pdf. Retrieval Date: 2022/06/14.

Beaufre, A. (1967). *Strategy of Action.* New York: Praeger.

Bhagavathula, A. S., Aldhaleei, W. A., Rahmani, J., Mahabadi, M. A. & Bandari, D. K. (2020). "Knowledge and Perceptions of Covid-19 among Health Care Workers: Cross-Sectional Study." *JMIR Public Health Surveill* 6(2): e19160.

Bort, R. (2020). "Why the World Health Organization's Response to Covid-19 Is Crucial to the Future of Public Health." https://www.rollingstone.com/politics/politics-features/world-health-organization-coronavirus-response-975543/. Retrieval Date: 2020/06/06.

Boseley, S. (2020). "Coronavirus 'Could Infect 60% of Global Population If Unchecked'." https://www.theguardian.com/world/2020/feb/11/coronavirus-expert-warns-infection-could-reach-60-of-worlds-population. Retrieval Date: 2020/08/09.

Buckley, C. (2020). "Chinese Doctor, Silenced after Warning of Outbreak, Dies from Coronavirus." https://www.nytimes.com/2020/02/06/world/asia/chinese-doctor-Li-Wenliang-coronavirus.html. Retrieval Date: 2020/08/04.

Cairns, G., de Andrade, M. & MacDonald, L. (2013). "Reputation, Relationships, Risk Communication, and the Role of Trust in the Prevention and Control of Communicable Disease: A Review." *Journal of Health Communication* 18(12): 1550-1565.

Cha, S. & Smith, J. (2020). "Explainer: South Korean Findings Suggest 'Reinfected' Coronavirus Cases Are False Positives." https://www.reuters.com/article/us-

health-coronavirus-southkorea-explain/explainer-south-korean-findings-suggest-reinfected-coronavirus-cases-are-false-positives-idUSKBN22J0HR. Retrieval Date: 2020/06/20.

Cheng, M. (2015). "Who Mulls Reforms to Repair Reputation after Bungling Ebola." https://apnews.com/2a9a32e1348744a6bd54402f5e2d86ce. Retrieval Date: 2020/06/06.

Chiacu, D., Lambert, L. & Holland, S. (2020). "Trump Says 'China-Centric' Who 'Really Blew It' on Coronavirus." https://www.reuters.com/article/us-health-coronavirus-usa-who/trump-says-who-is-china-centric-really-blew-it-on-coronavirus-idUSKBN21P2E1. Retrieval Date: 2020/08/04.

Coombs, W. T. (2007). "Protecting Organization Reputations During a Crisis: The Development and Application of Situational Crisis Communication Theory." *Corporate Reputation Review* 10(3): 163-176.

Crescenzi, M. J. C., Kathman, J. D., Kleinberg, K. B. & Wood, R. M. (2012). "Reliability, Reputation, and Alliance Formation." *International Studies Quarterly* 56(2): 259-274.

Daugirdas, K. (2019). "Reputation as a Disciplinarian of International Organizations." *American Journal of International Law* 113(2): 221-271.

DW. (2020a). "China Approves New Law to Protect Whistleblowers and Prevent Epidemics." https://www.dw.com/en/china-approves-new-law-to-protect-whistleblowers-and-prevent-epidemics/a-55316429. Retrieval Date: 2020/07/02.

DW. (2020b). "Coronavirus Digest: Who Predicts 2 Million Deaths." https://www.dw.com/en/coronavirus-digest-who-predicts-2-million-deaths/a-55057021. Retrieval Date: 2020/08/09.

DW. (2020c). "Hong Kong Researchers Report First Known Covid-19 Reinfection." https://www.dw.com/en/hong-kong-researchers-report-first-known-covid-19-reinfection/a-54680268. Retrieval Date: 2020/06/20.

Eccles, R. G., Newquist, S. C. & Schatz, R. (2007). "Reputation and Its Risks." https://hbr.org/2007/02/reputation-and-its-risks. Retrieval Date: 2020/07/20.

Ferhani, A. & Rushton, S. (2020). "The International Health Regulations, Covid-19, and Bordering Practices: Who Gets in, What Gets out, and Who Gets Rescued?" *Contemporary Security Policy* 41(3):458-477.

Focus Taiwan. (2020). "Tech Experts Helped Make Taiwan's Mask Rationing

System a Success." https://focustaiwan.tw/society/202002280019. Retrieval Date: 2020/08/09.

Foucault, M. (1998). *The Will to Knowledge: The History of Sexuality Vol. I.* London: Penguin Books.

Friedman, T. L. (2005). *The World Is Flat: A Brief History of the Twenty-First Century.* New York: Farrar, Straus and Giroux.

Gebauer, M. (2020). "Bundesregierung Zweifelt an Us-These Zur Entstehung Des Coronavirus." https://www.spiegel.de/politik/deutschland/corona-krise-bundesregierung-zweifelt-an-us-these-zur-entstehung-des-coronavirus-a-51add7cf-96b6-4d04-a2d0-71ce27cff69c. Retrieval Date: 2020/08/04.

Ghebreyesus, T. A. (2020). "Tag Status Update 1." https://twitter.com/DrTedros/status/1216113329023877122. Retrieval Date: 2020/07/25.

Ghemawat, P. (2017). "Globalization in the Age of Trump." https://hbr.org/2017/07/globalization-in-the-age-of-trump#comment-section.Retrieval Date: 2020/07/20.

Guzman, A. T. (2007). *How International Law Works: A Rational Choice Theory.* Oxford and New York: Oxford University Press.

Habermas, J. (1981). *The Theory of Communicative Action. Vol. 2.* Trans. by Thomas McCarthy. Boston : Beacon Press.

Habermas, J. (1982). "A Reply to My Critics." In John B. Thompson and David Held(eds.), *Critical Debates*, pp. 219-283. Cambridge: MIT Press.

Habermas, J. (2015). *The Theory of Communicative Action: Reason and the Rationalization of Society, Volume 1.* New Jersey: Wiley.

Haggerty, N. & Lee, D. K. (2020). "The Story Behind the 'Taiwan Can Help' Ad on New York Times." https://international.thenewslens.com/article/133864. Retrieval Date: 2020/06/06.

Hoffmann, C. & Kamps, B. S. (2020). "The Covid Reference Textbook." https://covidreference.com/. Retrieval Date: 2020/08/04.

Islam, M. S., Sarkar, T., Khan, S. H., Kamal, A. -H. M., Hasan. S .M., Kabir, A., Yeasmin. D., Islam, M. A., Chowdhury, K. I. A., Anwar, K. S., Chughtai, A. A. & Seale, H. (2020). "Covid-19-Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis." *The American Journal of Tropical Medicine and Hygiene* 103(4): 1621-1629.

Jacoby, D. S. (2018). *Trump, Trade, and the End of Globalization*. California: Praeger.

Jamali, N. & O'Connor, T. (2020). "Exclusive: As China Hoarded Medical Supplies, the Cia Believes It Tried to Stop the Who from Sounding the Alarm on the Pandemic." https://www.theweek.in/news/world/2020/05/13/covid-19-after-german-intelligence-now-cia-believes-china-tried-to-coerce-who.html. Retrieval Date: 2020/08/04.

Kerkhove, M. V. (2020a). "New! More Modules Will Be Added... Watch This Space." https://twitter.com/mvankerkhove/status/1221475123892494336. Retrieval Date: 2020/07/25.

Kerkhove, M. V. (2020b). "As mentioned in @WHO's presser today, globally 3.4% of the reported #COVID19 cases have died. There are variations in mortality by location (within China - in Wuhan vs in Hubei vs other areas of China vs outside of China), as well as over time. For example, as we wrote 1/3." https://twitter.com/mvankerkhove/status/1234945637344595969. Retrieval Date: 2020/08/02.

Kundu, C. (2020). "Fact Check: What Did Who Say About Asymptomatic Transmission of Covid-19?" https://www.indiatoday.in/fact-check/story/fact-check-what-did-who-say-about-asymptomatic-transmission-of-covid-19-1689025-2020-06-14. Retrieval Date: 2020/06/20.

Liang, L. (2015). "Live Television Production of Media Events in China: The Case of the Beijing Olympic Games." In Gary D. Rawnsley and Ming-yeh T. Rawnsley (eds.), *Handbook of Chinese Media*, pp. 389-402. Oxon: Routledge.

Lyon, L. & Cameron, G. (2004). "A Relational Approach Examining the Interplay of Prior Reputation and Immediate Response to a Crisis." *Journal of Public Relations Research* (16): 213-241.

Mandavilli, A. (2020). "Scientists Insist Airborne Spread Is a Threat as the W. H. O. Wavers." https://www.nytimes.com/2020/07/05/todayspaper/quotation-of-the-day-scientists-insist-airborne-spread-is-a-threat-as-the-who-wavers.html. Retrieval Date: 2020/08/09.

McGregor, L. (2019). "Are New Technologies an Aid to Reputation as a Disciplinarian?" *AJIL Unbound* 113: 238-241.

McDonald, J. (2020). "Unpacking Who's Asymptomatic Covid-19 Transmission Comments."

https://www.factcheck.org/2020/06/unpacking-whos-asymptomatic-covid-19-transmission-comments/. Retrieval Date: 2020/06/20.

Ministry of Foreign Affairs of China. (2020).“Reality Check of Us Allegations against China on Covid-19.” https://www.fmprc.gov.cn/mfa_eng/zxxx_662805/t1777545.shtml. Retrieval Date: 2020/06/06.

Ministry of Foreign Affairs, Taiwan. (2020a). “Mofa Deeply Regrets Baseless Accusations by Who Director-General Dr. Tedros Adhanom Ghebreyesus.” https://www.mofa.gov.tw/en/News_Content.aspx?n=1EADDCFD4C6EC567&s=E85FCB90DABFF971. Retrieval Date: 2020/06/06.

Ministry of Foreign Affairs, Taiwan. (2020b). “Mofa Urges Who Secretariat to Maintain Neutral and Professional Stance, Live up to Its Status as World Public Health Leader.” https://www.mofa.gov.tw/en/News_Content.aspx?n=539A9A50A5F8AF9E&sms=37B41539382B84BA&s=9DFEB15859B4615F. Retrieval Date: 2020/06/20.

Moon, S., Sridhar, D., Pate, M. A., Jha, A. K., Clinton, C., Delaunay, S., Edwin, V., Fallah, M., Fidler, D., Garrett, L., Goosby, E., Gostin, L. O., Heymann, D. L., Lee, K., Leung, G. M., Morrison, J. S., Saavedra, J., Tanner, M., Leigh, J. A., Hawkin, B., Woskie, L. R. & Piot, P. (2015). “Will Ebola Change the Game? Ten Essential Reforms before the Next Pandemic. The Report of the Harvard-Lshtm Independent Panel on the Global Response to Ebola.” *Lancet* 386(10009): 2204-2221.

Myers, S. L. & Mozur, P. (2020). “Caught in ‘Ideological Spiral,’ U.S. And China Drift toward Cold War.” https://www.nytimes.com/2020/07/14/world/asia/cold-war-china-us.html. Retrieval Date: 2020/08/04.

Noack, R. (2020). “After Trump Suspends Payments to Who, Other Countries Rally Behind the Agency.” https://www.washingtonpost.com/world/after-trump-suspends-payments-to-who-other-countries-rally-behind-the-agency/2020/04/15/1a2ec7c6-7f0e-11ea-84c2-0792d8591911_story.html. Retrieval Date: 2020/06/22.

O’Sullivan, M. (2019). *The Levelling: What’s Next after Globalization.* New York: Ingram Publisher Services.

Reuters. (2020). “Taiwan Says Who Not Sharing Coronavirus Information It Provides, Pressing Complaints.” https://www.reuters.com/article/us-health-coronavirus-taiwan-who-idUSKBN21H1AU. Retrieval Date: 2020/06/20.

Reuters in Madrid. (2020). "Spanish Police Arrest Covid Sceptic for Inciting Violence." https://www.theguardian.com/world/2020/aug/28/spanish-police-arrest-man-who-spread-false-news-about-coronavirus. Retrieval Date: 2020/07/20.

Richtel, M. (2020). "W. H. O. Fights a Pandemic Besides Coronavirus: An 'Infodemic'." https://www.nytimes.com/2020/02/06/health/coronavirus-misinformation-social-media.html. Retrieval Date: 2020/07/20.

Ross, A. & Chiasson, M. (2011). "Habermas and Information Systems Research: New Directions." *Information and Organization* 21(3): 123-141.

Rothgerber, H., Wilson, T., Whaley, D., Rosenfeld, D. L., Humphrey, M., Moore, A. L. & Bihl, A. (2020). "Politicizing the Covid-19 Pandemic: Ideological Differences in Adherence to Social Distancing." *PsyArXiv* (April 22 2020).

Sharman, J. C. (2007). "Rationalist and Constructivist Perspectives on Reputation." *Political Studies* 55(1): 20-37.

Sohn, Y. J. & Lariscy, R. W. (2014). "Understanding Reputational Crisis: Definition, Properties, and Consequences." *Journal of Public Relations Research* 26(1): 23-43.

The Associated Press. (2020). "China Delayed Releasing Coronavirus Info, Frustrating Who." https://apnews.com/article/united-nations-health-ap-top-news-virus-outbreak-public-health-3c061794970661042b18d5aeaaed9fae. Retrieval Date: 2020/09/09.

The New York Times. (2020). "Trump Administration Signals Former Withdrawal from W. H. O." https://www.nytimes.com/2020/07/07/us/politics/coronavirus-trump-who.html. Retrieval Date: 2020/07/20.

UN. (2020). "There Are Many Similarities to Sars and Mers. The Experience That We Have with Sars and with Mers, the Experience of Our Member States with These Pathogens, Have All Prepared Us for This. This Is Not Unexpected." https://twitter.com/ungeneva/status/1217146107957932032. Retrieval Date: 2020/07/25.

Wartick, S. (1992). "The Relationship between Intense Media Exposure and Change in Corporate Reputation." *Business & Society* (31): 33-49.

Weisiger, A. & Yarhi-Milo, K. (2015). "Revisiting Reputation: How Past Actions Matter in International Politics." *International Organization* 69(2): 473-495.

WHO. (2005a). *WHO guidance for the use of Annex 2 of the International Health Regulations (2005).*

WHO. (2005b). *Effective Media Communication During Public Health Emergencies.* https://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/. Retrieval Date: 2020/08/04.

WHO. (2020a). "Status Update 1." https://twitter.com/WHO/status/1213523866703814656?s=20. Retrieval Date: 2020/07/25.

WHO. (2020b). "Archived: Who Timeline - Covid-19." https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19. Retrieval Date: 2020/07/25.

WHO. (2020c). "Status Update 2." https://twitter.com/WHO/status/1213847304186343424. Retrieval Date: 2020/07/25.

WHO. (2020d). "Status Update 3" https://twitter.com/WHO/status/1215957856576589825. Retrieval Date: 2020/07/25.

WHO. (2020e). "Emergencies Preparedness, Response: Novel Coronavirus - China." https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/. Retrieval Date: 2020/07/25.

WHO. (2020f). "Great News! The Editors of Major Scientific Journals Have Agreed to Share Any Papers About the New #Coronavirus (2019-Ncov) with Who before Publication, with Authors' Consent."https://twitter.com/WHO/status/1221475167869833217. Retrieval Date: 2020/07/27.

WHO. (2020g). "Live: Q&a on Novel Coronavirus (2019-Ncov)." https://twitter.com/WHO/status/1221817985196679169. Retrieval Date: 2020/07/27.

WHO. (2020h). "Who, China Leaders Discuss Next Steps in Battle against Coronavirus Outbreak." https://www.who.int/news-room/detail/28-01-2020-who-china-leaders-discuss-next-steps-in-battle-against-coronavirus-outbreak. Retrieval Date: 2020/07/28.

WHO. (2020i). "Daily Media Briefing on #2019ncov with @Drtedros." https://twitter.com/WHO/status/1227246758196998145. Retrieval Date: 2020/07/28.

WHO. (2020j). "Timeline of Who's Response to Covid-19." https://www.who.int/news-room/detail/29-06-2020-covidtimeline. Retrieval Date: 2020/08/04.

WHO. (2020k). "Advice on the Use of Masks in the Community, During Home Care and in Health Care Settings in the Context of the Novel Coronavirus (2019-Ncov) Outbreak: Interim Guidance." https://apps.who.int/iris/handle/

10665/330987. Retrieval Date: 2020/07/02.

WHO. (2020l). "Timeline of Who's Response to Covid-19." https://www.who.int/news-room/detail/29-06-2020-covidtimeline. Retrieval Date: 2020/08/04.

WHO. (2020m). "Advice on the Use of Masks in the Community, During Home Care and in Health Care Settings in the Context of the Novel Coronavirus (2019-Ncov) Outbreak: Interim Guidance." https://apps.who.int/iris/handle/10665/330987. Retrieval Date: 2020/07/02.

WHO. (2020n). "Timeline of Who's Response to Covid-19." https://www.who.int/news-room/detail/29-06-2020-covidtimeline. Retrieval Date: 2020/08/04.

WHO. (2020o). "Live: World Health Organization Delivers Coronavirus Update." https://www.youtube.com/watch?v=DkZj2xPkluY. Retrieval Date: 2020/06/22.

WHO. Jordan (2020). "There Is Currently No Evidence That People Who Have Recovered from Covid-19 and Have Antibodies Are Protected from a Second Infection." https://twitter.com/whojordan/status/1256300797731766272. Retrieval Date: 2020/06/06.

Yip, O. (2020). "Call for the Resignation of Tedros Adhanom Ghebreyesus, Who Director General." https://www.change.org/p/united-nations-call-for-the-resignation-of-tedros-adhanom-ghebreyesus-who-director-general. Retrieval Date: 2020/06/22.

# 虛假訊息的全球化：
## 世界衛生組織的聲譽是否無法修復？

森亞博*

## 摘　要

在過去的幾十年間，全世界見證了越發強烈的反全球化情緒，絕大因素是來自於全球化沒有包容性的問題；另一方面，國際組織的權力提升足以威脅到國家主權的問題也是不容小覷。全球化蓬勃發展的前沿是靠資訊傳播，而資訊時代深刻改變了社會以及人與人之間交流的方式。在大量的假訊息充斥的背景下，人們迎來了後眞相時代，假新聞的傳播速度更是人們前所未見。社群媒體間，無關緊要的閒聊事成了這時代的主流話題，因此個人或企業的聲譽成本被提高。一些著名的國際組織一樣無法阻擋錯誤訊息的洪流，同時也經常傳遞假訊息給人們。本研究以世界衛生組織爲例，將世界衛生組織於 COVID-19 大流行初期所公開訊息之虛實分開來分析，並藉由哈伯瑪斯（Jürgen Habermas）的溝通行動理論與情境式危機溝通理論來研究假訊息對世界衛生組織聲譽的影響，最後，透過過程追蹤法與二次文獻蒐集，比較世界衛生組織目前和 COVID-19 大流行前的聲譽。研究結果發現世界衛生組織野心勃勃的逢迎策略，企圖儘早從中國方獲取相關訊息來實現保護利害關係者免於受害等溝通行動理論之目標；然而，該策略

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不但適得其反，甚至削弱了其組織作爲一個公正組織的聲譽。本研究有助於了解（假）訊息的全球化以及國際組織在日益分裂的世界中的影響地位。

關鍵詞：國家政府組織、錯誤（假）訊息、聲譽、世界衛生組織