
Early Response to Covid-19: Some Errors of Strategic Management That Escalated an Avoidable Pandemic

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Abstract

At the time COVID-19 outbreak occurred, the global community already possessed great resilience and preparedness gained from knowledge and experience of managing previous epidemics and pandemics, and from advances in science and technology. But then, response to the ‘novel’ coronavirus faced challenges of conformity or departure from established emergency response mechanisms; effective integration and coordination of the total system approach involved in large scale emergency response; and balancing the delicate interface between multi-lateral agencies and sovereign States in joint response operations. This paper examined the joint operation between the World Health Organization and Member-States in the early response against COVID-19, from December 31, 2019 to January 31, 2020 to determine its effectiveness. It adopted the documentary survey method and collected secondary data from the timeline records of the World Health Organization and *devex*. It applied content analysis on the data within the theoretical frameworks of input-output device; and management by objective (MBO), from the standpoint of strategic management. The paper found that four strategic management errors were responsible for escalating COVID-19 to a pandemic, including non-imposition of travel restrictions on China; late declaration of national emergency by national governments except the United States; etc. The paper recommends, among others, that rapid response akin to a ‘blitzkrieg’ or ‘eagle swoop’ approach be applied immediately following reports of outbreaks of epidemics to prevent subsequent escalation; and that strategic management approach be adopted holistically in responding to all epidemics and pandemics.

Keywords: COVID-19, emergency response, epidemic, national interest, outbreak, pandemic, resilience, strategic management.

Introduction

All emergencies, whether flood, earthquake, tsunami, epidemic or pandemic, have common principles and approaches that characterize responses to them (Cao et al, 2018; WHO, 2017). From various accounts, we can identify common features that underlie all emergency response operations. Priorities shift towards quick containment and restoration of normalcy or stability. Norms, protocol, policies, and even laws may be tacitly ignored, modified or suspended to give pre-eminence to expedience and dispatch. Convenience, privilege, freedom, liberty and human rights may be curtailed to give pre-eminence to regimentation, in the public interest. Resources

are mobilized from all available and possible sources, and deployed with dispatch. In the search for solutions, adaptation, resourcefulness, innovation and flexibility become indispensable necessities. If any of these features is neglected, the response effort suffers a setback.

Over the past centuries, mankind has gone through many epidemics and pandemics from which we have gained much knowledge and experience (Piret and Biovin, 2021; Parihar, Kaur and Singh, 2021). With ever increasing advances in science and technology, our capacity to deal with epidemics and pandemics has developed tremendously. COVID-19 came when our ‘muscles’ were still ‘flexed’ with knowledge, experience, capacity and successes recorded in our responses to HIV/AIDS, SARS CoV-1, MERS, and Ebola Virus Disease. Such capacity and preparedness are expected to be properly deployed in containing and rolling-back COVID-19 rapidly. If not, that shortcoming will be questioned.

Dealing with epidemics and pandemics, as with any other health programme, is not only a matter of science, technology or data. It is not also a matter for the health sector alone. Success depends on multisectoral cooperation and coordination (WHO, 2018; Amri, Chatur and O’Campo, 2022). Even idiosyncrasies influence acceptance, rejection or contributions to health programmes and interventions. Hence, response to COVID-19 pandemic requires a total system approach that must sync all considerations: political, economic, social, technological, legal and environmental (PESTLE). Strategic management approach readily syncs all PESTLE considerations. Accordingly, COVID-19 response must be examined with the prism of strategic management.

Managing the interface between multi-lateral organizations and sovereign States has always presented a challenge of frostiness and flux (Hirschmann, 2019; Odermatt, 2019). At all times and on every emergent issue, a delicate balance must be sought, achieved and preserved to ensure productive and efficient synergy. Otherwise, the multilateral organization may overreach itself, infringe on national sovereignty and jeopardize national interest. On the other hand, overzealous exercise of national sovereignty and pursuit of national interest objectives may jeopardize global alliance and compromise collective global safety.

In line with the foregoing issues, global response to COVID-19 faces the following challenges:

- Ensuring that no feature of emergency response is over-looked.
- Ensuring that existing resilience, capacity and preparedness are maximally harnessed and deployed.
- Ensuring that all PESTLE considerations are appropriately factored-in in the planning and execution of intervention activities.
- Ensuring that at all times, productive and efficient synergy is maintained among principal actors in the response, especially the WHO and sovereign national governments.

If any of the above challenges is not met, it will constitute a weak link in the chain that will jeopardize the success of COVID-19 response.

This paper examines the interface of actions and cooperation between the World Health Organization (WHO) and Member States in the global response to COVID-19 Pandemic from the period December 31, 2019, to January 31, 2020, to determine conformity or departure from pragmatic emergency management strategy.

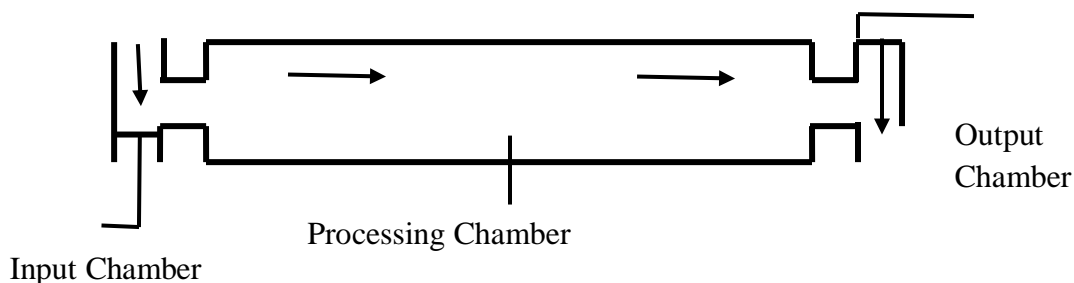
Identifying and acknowledging errors in our past response actions will enable us make necessary adjustments to make on-going and future actions in COVID-19 response more appropriate, effective and efficient.

Research Method

Documentary survey method was adopted. Secondary data were collected comprising of important sequential events pertaining to COVID-19 outbreak as contained in the time-line of events published by two reputable organizations: the World Health Organization (WHO) and *devex*, from December 31, 2019 to January 31, 2020.

Content analysis was applied on the data within the theoretical frameworks of input-output device and management by objective (MBO).

- i. The data collected are fitted as the input.
- ii. Objectives (such as containing spread of infection, blocking exportation or importation of infection to or from other countries, etc) are fitted as the output.
- iii. The policies and actions of agencies and authorities involved in COVID-19 response are fitted in the central processing chamber of the input-output device.



- iv. As dependent variables, the policies and actions of responsible health authorities involved in COVID-19 response are examined and evaluated for consistence with the achievement of set or expected objectives (including national interest objectives) as independent variables, viewed from a strategic management approach.
- v. Appropriate rational deductions are derived from the examination and evaluation of policies and actions of key actors in COVID-19 response who constitute the 'processing chamber'.

Results

Following hereunder are timelines of important events in COVID-19 outbreak and response as contained in the calendar of events recorded by the World Health Organization (WHO, 2020)

and *devex* (Lei Ravelo and Jerving, 2020), covering the period December 31, 2019 to January 31, 2020.

Timeline of Important Issues and Events in COVID-19 Outbreak and Response.

December 31, 2019:

- Local media cited Chinese Health Authorities of reporting outbreak of ‘viral pneumonia’ or ‘pneumonia of unknown cause’ in Wuhan city in the Hubei Province of China.
- The WHO Country Office in China picked up the local media report of the outbreak and notified the International Health Regulations (IHR) desk of the WHO Western Pacific Regional Office.
- Several health authorities of Member States contacted WHO seeking additional information.

January 1, 2020:

- Chinese officials shut down the Wuhan sea food market suspected as source of the viral pneumonia outbreak.
- As part of her standard emergency framework, the WHO activated her Incident Management Support Team (IMST) which coordinates emergency response activities across WHO’s three levels: Headquarters, Regional and Country Office.

January 3, 2020:

- Chinese Health Authorities further report 44 cases of suspected novel coronavirus infection.

January 5, 2020:

- Through her IHR Event Information System, the WHO issued a Notice to all Member States. The Notice transmitted detailed information on the Wuhan outbreak; advised Member States on necessary precaution to reduce risk of infection; and advised against the imposition of trade or travel restrictions on China based on ‘current’ available information.
- WHO issued her first Disease Outbreak News report which, among other things, advised that her standing recommendations on public health measures and surveillance of severe acute respiratory infections (including influenza) were still applicable in the instant case.

January 7, 2020:

- Chinese authorities identified novel coronavirus as cause of the Wuhan outbreak.

January 9, 2020:

- WHO reported that the Wuhan outbreak had been determined by Chinese Authorities to have been caused by a novel coronavirus.

January 12, 2020:

- Based on information provided by China’s National Health Commission, the WHO disseminated to the public further information on the outbreak.

January 13, 2020:

- WHO published the first protocol for RT-PCR assay to diagnose the novel coronavirus by WHO partner laboratories.
- Thailand reported the first confirmed case of coronavirus imported from Wuhan. This is the first recorded transmission outside China.

January 15, 2020:

- China reported her second 2019-nCoV linked death of a 69-year old case with severe co-morbidities.
- Japan reported her first confirmed case of novel coronavirus linked to a traveller from Wuhan. This is the second confirmed case outside China.

January 17, 2020:

- Thailand reported her second imported case of 2019-nCoV, bringing the total exported cases from China to three.
- WHO convened first meeting of her working group on coronavirus analysis and modelling.

January 18 - 19, 2020:

- China reported further spread and spike in confirmed case totalling 204. This included first confirmed case in Shenzhen and 2 confirmed cases in Beijing. Reported also was China's third death linked to 2019-nCoV.

January 20, 2020:

- South Korea reported her first confirmed case of 2019-nCoV.
- WHO published a guide on home care for patients suspected to have coronavirus infection.

January 21, 2020:

- The United States reported her first confirmed case of 2019-nCoV; the first in that Region.
- WHO convened the first emergency meeting of the global expert network on infection prevention and control to hold the next day [January 22, 2022].

January 22 - 23, 2020:

- The WHO International Health Regulations (IHR) Emergency Committee held its meeting to advise the Director-General (D-G) of WHO on whether 2019-nCoV outbreak constitutes a Public Health Emergency of International Concern (PHEIC).
- The Committee could not reach a conclusion in the meeting owing to 'limited information' available and adjourned its deliberation to the next day [January 23, 2020].
- Committee meeting [on January 23, 2020] showed divided opinions that could not reach a decision whether 2019-nCoV constituted a PHEIC, and could not advise the D-G, WHO accordingly. The Committee agreed on its readiness to be re-convened within the next 10 days. Nevertheless, the Committee formulated various Advisory for the WHO, China, other countries and the global community.

- The D-G, WHO accepted the advice of the Committee, held a media briefing outlining the position of the Committee, as well as ongoing efforts of the WHO in response to the outbreak.

January 23, 2020 [cont'd]:

- Many Chinese cities implemented restrictions of movement and lock-down. Wuhan shut down public transportation including airport and railway stations. Ezhou announced lock-down. Beijing cancelled plan for Chinese New Year Festival and closed the Forbidden City. Huanggag announced to go into lock-down the next day.
- Singapore reported her first confirmed imported case.
- Vietnam reported two confirmed cases.
- The coalition for Epidemic preparedness innovations announced three partnership agreements with Inovio, the University of Queensland and Moderna to develop vaccines against 2019-nCoV.

January 24, 2020:

- Nepal reported her first confirmed case of 2019-nCoV; while Japan and U.S. each confirmed second 2019-nCoV cases.
- Total confirmed cases in China rose to 830, with 177 in severe condition and 25 deaths.
- Later the same day, China reported 444 new confirmed cases and 16 new deaths, bringing total confirmed cases in the country to 1 287 and a total of 41 deaths.
- France reported three cases of 2019-nCoV, all linked to travel from Wuhan.
- WHO held consultations on prioritizing candidate therapeutic agents for possible treatment of novel coronavirus infection.

January 25, 2020:

- Australia confirmed four cases of 2019-nCoV.
- Malaysia also reported her first four confirmed cases.
- Canada reported her first confirmed case.
- Several infected countries reported additional confirmed cases including Japan and Thailand. China reported 688 additional cases, bringing total cases to 1 975. Of this total, 324 were of severe conditions. Death toll was 56.
- Hong Kong raised to the highest level her response to the outbreak while suspending all flights to and from Wuhan.

January 27, 2020:

- Hong Kong commenced denial of entry to visitors with any travel history from Hubei, China, in the past 14 days.
- Hubei suspends passport application and grant of exit and entry permits in her efforts to contain the spread of coronavirus.
- Three more countries reported their first confirmed cases of 2019-nCoV: Germany, Sri Lanka and Cambodia.

January 29, 2020:

- The D-G WHO reconvened the IHR Emergency Committee for the next day [Jan. 30, 2020] to advise on the declaration of 2019-nCoV as PHEIC.
- 2019-nCoV spread to the Middle East with the United Arab Emirates reporting her first imported cases in a family of four.
- Finland reported her first confirmed case.
- Several countries prepared to repatriate persons from Wuhan; as multiple airlines restricted or suspended flights to and from China. Confirmed cases in China rose to 7 711. Global confirmed cases rose to 7 816 with 170 deaths.

January 30, 2020:

- The D-G of WHO declared 2019-nCoV outbreak a PHEIC.
- More countries reported confirmed cases of 2019-nCoV infection including India and the Philippines that reported their first confirmed cases.
- WHO formally recommended “2019-nCoV acute respiratory disease” as the interim name of the infection.

January 31, 2020:

- More countries adopted border control measures against foreign nationals who had recent travel history from China.
- The United States officially declared 2019-nCoV acute respiratory disease a public health emergency in the United States.
- Russia, Spain, the United Kingdom and Sweden reported their first confirmed cases of 2019-nCoV.

From the above timeline entries, the following important points can be surmised.

Anti epidemic action commenced on January 1, 2020, one day after initial report of outbreak on December 31, 2019. This commencement is evidenced by two anti-epidemic actions, one national, and the other international, respectively:

- The shutting down of the Wuhan sea food market by Chinese authorities;
- The activation of her Incident Management Support Team (ISMT) by the WHO.

Accordingly, one can start counting post-epidemic action days as from January 1, 2020.

From the first post-epidemic day of January 1, 2020 to the first exportation of the virus outside China to Thailand on January 13, 2020:

- 12 post-epidemic action days.

Hence, the virus was restrained within China for 12 post-epidemic action days.

By the first sitting of the WHO IHR Emergency Committee meeting of January 22, 2020:

- 21 post-epidemic action days.

- WHO Advisory of January 5, 2020 against the imposition of travel restriction on China has subsisted for 17 post-epidemic action days.
- The 2019-nCoV has spread to 4 countries outside China, namely: Thailand, Japan, South Korea, and the United States.

From January 23, 2020 when the WHO IHR Emergency Committee dispersed from their first inconclusive meeting to their reconvening on January 29, 2020:

- 6 more post-epidemic action days.
- The 2019-nCoV has spread to 12 more countries, namely: Singapore, Vietnam, Nepal, France, Australia, Malaysia, Canada, Germany, Sri Lanka, Cambodia, Finland and United Arab Emirates.

By January 30, 2020 when the WHO declared 2019-nCoV epidemic a PHEIC:

- 29 post-epidemic action days.
- Total number of countries infected (excluding China) – 18.
- Global confirmed cases of 2019-nCoV had risen to 7 816 with 170 deaths.

Discussion

From the timeline entries above, there are a few strategic moves that are worthy of commendation. The WHO Country Office in China acted proactively by picking up local media report of the coronavirus outbreak and immediately notifying the IHR desk of the WHO Western Pacific Regional Office, the same day, December 31, 2019. Similarly, the same day, the national health authorities of several Member-States acted proactively by contacting the WHO, seeking more information on the outbreak. These two actions, in concert, indicate that both the WHO and such Member-States were on alert and operationally in touch with each other to act against the outbreak with needed dispatch.

On January 1, 2020, within 24 hours of initial report of the outbreak, Chinese officials shut down the Wuhan seafood market suspected to be the source of the outbreak. Within the same 24 hours, the WHO followed suit by activating her Incident Management Support Team (IMST) to assist China. These two actions, in concert, demonstrate rapid response, as well as national and multi-lateral synergy.

On January 23, 2020, just 22 days after the commencement of anti-epidemic actions, the Coalition for Epidemic Preparedness Innovations announced three partnership agreements to develop vaccines against the coronavirus. To have successfully concluded partnership agreements for vaccine production at such an early date is a demonstration of concern, innovative leadership and strategic vision. The next day, January 24, 2020, the WHO scored yet another good mark by kicking off consultations on prioritizing candidate therapeutic agents for possible treatment of COVID-19. These doors of consultation, if sustained and maximally utilized, would provide opportunities also for consideration of innovative alternative treatment options that show reasonable efficacy, especially for the interest of developing countries. The

World Health Organization is not averse to complementary and alternative remedies (WHO, 2020 (b)).

In a few instances, some Member-States positively asserted their sovereignty by initiating some policy decisions and actions that were deemed necessary to safeguard their national interest objectives:

- By January 23, 2020, many Chinese cities commenced implementation of various degrees of restriction of movement and lock-down.
- Hong Kong creditably implemented gateway strategies that suspended all flights to and from Wuhan by January 25, 2020; and by January 27, 2020, the denial of entry to all visitors with any travel history from Hubei Province of China in the past 14 days.
- The United States, on January 31, 2020 set the pace as the first sovereign State to officially declare national emergency throughout the country against 2019-nCoV acute respiratory disease.

But as reported on January 29, 2020, the attempt by some countries to repatriate persons from Wuhan appears to be an over-reaction. If it had been carried out, it would have been an unnecessary exercise of sovereign powers.

On the other hand however, there are some errors of strategic management committed in the early response to COVID-19 that exerted far-reaching negative consequences on the global response.

Non Imposition of Travel Restriction on China by the World Health Organization (WHO) and other Member States.

From December 31, 2019 when COVID-19 outbreak was first reported in Wuhan by the Chinese Authorities to January 5, 2020, both the Chinese Health Authorities and the WHO initiated many response actions, some of which were listed in the data presentation. On January 5, 2020 in particular, the WHO, through its International Health Regulations (IHR) Event Information System, issued a notice to Member States which included advisory on precaution to reduce risk of acute respiratory infection. But the notice advised against Member States' imposition of trade or travel restrictions on China based on "current information available" at the time (WHO, 2020 (c)).

Even if 'current information available' on COVID-19 was limited, experiences gained from previous related outbreaks (including SARS-Cov1) were available. As at January 5, 2020, the over-riding national interest objective of China was to contain the outbreak, limit its toll on China, break further transmission and perhaps, eradicate the outbreak. For the WHO, while assisting China to manage the outbreak within Chinese territory, the over-riding objective should have been to ensure that the outbreak was not exported outside China to affect other Member States. For other Member States, their over-riding national interest objective was to prevent the importation of the outbreak into their territories. From this scenario, can it be said that WHO's

advice against the imposition of travel restrictions on China was justified from a strategic management perspective?

On January 13, 2020, the 2019-nCoV was exported to Thailand, and the index case was reportedly confirmed to be from Wuhan, China. On January 15, 2020, the outbreak was exported to Japan, again, directly linked to a traveller from Wuhan, China. Subsequently, many other countries reported exportation of the outbreak to their territories: South Korea (January 20); United States (January 21); Singapore and Vietnam (January 23); Nepal and France (January 24); Australia, Malaysia and Canada (January 25); Cambodia, Germany and Sri Lanka (January 27); United Arab Emirates and Finland (January 29); Philippines and India (January 30); the UK, Russia, Sweden and Spain (January 30). Observe also that all three cases reported by France on January 24, 2020 travelled from Wuhan, China.

The above scenario of spread from Wuhan, China demonstrates that if China had not been exempted from travel restriction, many infected countries mentioned above would have been spared early exportation of 2019-nCoV into their territories. Further proof that WHO's Advisory of 'no-travel restriction' on China was a strategic error was shown by some countries who resented the Advisory and unilaterally imposed travel restrictions (see data entries for January 25, and January 27, 2020).

On January 25, 2020, Hong Kong suspended all flights to and fro Wuhan. As reported on January 29, several countries prepared to repatriate persons from Wuhan, as many airlines restricted or suspended flights to and from Chinese cities. As reported on January 31, many other countries applied varied border control measures against foreign nationals with recent travel history from China. It is still a surprise that despite these counter-reactions from various Member States, it was not reported that the WHO rescinded its January 5 Advisory against imposition of travel restrictions on China.

Non Application of Rigorous Gateway Strategy by Some Geographically Advantaged Countries.

As at January 24, 2020, COVID-19 has affected ten other countries in Asia and Europe, the only exception being far away United States infected on January 21, 2020. On a world scale, these other ten countries can be said to have relative geographic proximity to China. But the spread to far away United States was a 'red-blinker' sign to other countries that would have prompted them to adopt rigorous gateway methodologies to stop the importation of COVID-19 into their countries as an over-riding national interest objective. While the gateway strategy will work for all countries including those proximal to China, it will be much more effective for countries that have relative geographic 'isolation' from the epicentre and cluster of COVID-19 infected countries at that time. If gateway strategies were rigidly applied:

- Australia and the United Kingdom should have escaped COVID-19 infection completely, considering their resource-sufficiency to implement such rigorous gateway strategy.
- Philippines could have escaped COVID-19 infection completely, except for possible limitations to effective implementation arising from resource constraints.

- Spain, Sweden, Finland and Canada could have escaped COVID-19 infection throughout 2020.

Delayed Declaration of Public Health Emergency of International Concern (PHEIC) by the WHO.

From data entries for 22 - 23 January, 2020, we note that the IHR Emergency Committee could not reach a decision to advise the Director-General of the WHO to declare COVID-19 as PHEIC. Following the committee's re-convening on January 29, 2020, PHEIC was declared on January 30, 2020. From January 23 when the committee initially dispersed to the eventual declaration of PHEIC on January 30, COVID-19 has spread to fifteen more countries. Obviously, there was a delay in the declaration, and that delay was avoidable.

Data entries for 22 - 23 January, 2020, show that though the IHR Emergency Committee could not reach a decision then, there were opinions for and against a declaration of PHEIC. This implies that there were ingredients for a possible declaration of PHEIC, but the ingredients were deemed by some committee members to be inadequate and insufficient to generate a common decision in favour of a declaration of PHEIC. But why not, what remained?

Formally, the WHO defines PHEIC as “an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response” (WHO, 2019). This official and legal definition is further elucidated to imply:

- serious, sudden, unusual or unexpected;
- carries implications for public health beyond the affected State's national border; and
- may require immediate international action (WHO, 2019).

These requirements, obviously, were already met as at January 22, 2020 when the committee first met, given the spread of the virus to four countries outside China (Thailand, Japan, South Korea and the United States). Hence, PHEIC could have been rightly declared either on January 22 or 23, 2020 if public health risk to other States was central to the committee's evaluation without other considerations that add weight without value. This is part of the reasons that issues surrounding declaration of PHEIC have, for long, been drawing wide criticisms (Durrheim, Gostin and Moodley, 2020).

Assuming, but not conceding, that PHEIC could not have been rightly declared on January 22 or 23, 2020, rather than disperse at such critical time to be reconvened on another date by the Director-General when things may have gone out of hand, the committee could have explored any of the following strategic options:

- Formulate and adopt a minimum benchmark to be met for a declaration of PHEIC to be made, and transmit same to the Director-General for subsequent broadcast whenever that minimum benchmark is fulfilled.

- Maintain an un-interrupted online link with the D-G WHO, so that new developments will be transmitted to the committee for consideration. In turn, the committee will transmit its decision to the D-G WHO for immediate declaration of PHEIC without further physical re-convening.

If any of the above options was applied, declaration of PHEIC could have been made on the 24th or 25th of January 2020. This would have gained at least 5 days for the WHO, Member States and other stakeholders to activate post-PHEIC response activities. A 5-day head-start during emergencies is adequate to change the course of events totally.

Late Declaration of National Emergency by the National Governments of Member States.

The spread of COVID-19 from Wuhan to other parts of China should have been a ‘first degree alert’ to other countries that the virus and the disease were gradually spreading, though within China. The report of the exportation of the virus to Thailand on January 13, 2020 should have been a ‘second degree alert’ to other countries that the virus could no longer be contained within the shores of China. As it spread to Thailand, it could as well have spread to any other country.

It is therefore rational to expect that any country to which the virus was unavoidably exported should have done everything needful to manage their index case and prevent further spread beyond that index case. Learning from the experience of the toll of COVID-19 on China, it follows therefore that for any other country, further spread beyond the index case should have been a ‘third degree alert’ that should have prompted early, if not immediate declaration of ‘national emergency’ to enable intra-State authorities and stakeholders activate and accelerate relevant emergency responses, timeously.

Outside China, the United States was the first country that officially declared national emergency on January 31, 2020, ten days after she reported her first index case on January 21, 2020. As at that date and time of declaration of national emergency, the United States had six confirmed cases, five of which were ‘travel-associated’ and only one case was associated with local transmission (D C Health, 2020). Hence, the United State’s declaration of ‘national emergency’ was timely and commendable.

Thailand, which was the first to import the virus on January 13, 2020 (8 days before the United States) declared national emergency as late as March 25, 2020. By then Thailand already had 934 confirmed cases with 4 deaths (Khaliq, 2020). Japan, which reported her index case on January 15, 2020 delayed declaration of national emergency until April 16, 2020, notwithstanding loud criticisms from Japanese citizens (BBC, 2020). By then, Japan already had more than 3 613 cases and 63 deaths (WHO, 2022). France which reported her index case on January 24, 2020 made a late declaration of national emergency on March 22, 2020 (France 24, 2020), when cases had already reached 2 315 with 169 deaths (JHU, 2022). Australia, despite reporting two phases of imported index cases on the same day of January 25, 2020 delayed her declaration of “human bio-security emergency” until March 18, 2020 when cases had reached 500 with 6 deaths (France 24, 2020(b)).

Summary of Findings:

The outbreak of 2019n-CoV in Wuhan, China on December 31, 2019 spread and escalated to a pandemic owing to some errors in strategic management committed in the first month of the outbreak. These errors are as follows:

i). The exemption of China from travel restrictions contained in the Advisory of January 5, 2020 issued by the WHO through its IHR Events Information System was a strategic error that proved counter-productive. It discouraged many Member States from imposing needful travel restrictions which enabled the virus to be exported to 26 countries within a short period of 26 days.

ii). Many countries failed to apply timeous and rigorous gateway methodology to screen out potential carries of 2019-nCoV from infiltrating their borders, as well as checking local transmission of the virus. This error enabled the quick and un-impeded spread of the infection with rapidly increasing morbidity and mortality.

iii). The WHO delayed for about 5 days, the declaration of COVID-19 as PHEIC. This delay, in turn, delayed the quick activation and acceleration of post-PHEIC response activities by the WHO, Member States and other stakeholders.

iv). Except for the United States, COVID-19 infected countries failed to declare on time in-country national emergency to empower relevant authorities to evoke extra-ordinary powers and mobilize necessary resources to control the epidemic.

Conclusion

Early response to COVID-19 pandemic did not harness fully all existing resilience, capacity and preparedness globally. Furthermore, four errors of strategic management weakened and created gaps of integration, coordination and effectiveness in the global response. If existing resilience, capacities and preparedness were fully harnessed; and if errors of strategic management were not made in the early response, the outbreak of COVID-19 in China would not have escalated to a pandemic, definitely not to the extent it did.

Recommendation

i). Strategic Management approach should be holistically adopted in responding to epidemics and pandemics at all levels by all responsible authorities and stakeholders.

ii).The initial phase of an emergency is so critical that the strength or weakness of initial response actions determine the overall prognosis of the emergency, including its duration and toll. A ‘blitzkrieg’ or ‘eagle swoop’ response should be applied to outbreaks of infections to curtail their escalation to full-blown and protracted epidemics or pandemics as happened in the case of COVID-19.

iii). Citizens and national governments directly bear the brunt of COVID-19 pandemic. Hence, national interest objectives and national interest considerations should take precedent over and

above the guidelines and recommendations of the WHO when challenged with such dialectics in critical decision making affecting Member States.

iv). At present, it is known that without underlying illnesses, COVID-19 is a mild infection (Ejaz, 2020) and that 2019-nCoV is a delicate virus. But COVID-19 pandemic is still raging and taking unacceptably great toll on some countries (Elflein, 2022). This is because our path of response departed and still departs from strategic management approach that had been applied to contain more dangerous epidemics and pandemics in the past such as Ebola Virus Disease. National governments can still take bold steps now to apply strategic management approach that is consistent with their national peculiarities in the ongoing response against COVID-19. If this is done, it is possible to effectively and totally control COVID-19 in such countries in the next nine months.

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