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THE ROLES OF WHO IN HANDLING YEMEN HUMANITARIAN CRISIS DURING THE COVID-19 PANDEMIC

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Abstract
Yemen is noted to have the worst humanitarian crisis in the world. This condition is due to the civil war for the past six years, exacerbated by the COVID-19 pandemic, which emerged as a health security threat. This research aims to analyse the WHO’s role in responding health crisis in Yemen. By using qualitative methods and literature review approach, this article uses Atlas.ti to collect data regarding WHO’s activity in Yemen throughout the pandemic analysed by the international organisation’s role concept according to Clive Archer. The health security concept is also used to explain the health situation in Yemen during the pandemic. This research found accordance between WHO’s activities with Clive Archer’s idea of roles, mainly on its role as an independent actor to combat the health crisis in Yemen. However, the three roles are intertwined. As WHO has emphasised the importance of international aid to overcome Yemen’s health emergency, the writer recommends strengthening global solidarity with Yemen’s authority to improve health within the country.

Keywords:
COVID-19, Health Security, International Organization, WHO, Yemen

Abstrak
Kondisi keamanan manusia di Yaman dicatat sebagai yang terburuk di seluruh dunia. Hal ini terjadi dengan adanya perang saudara yang terjadi di negara tersebut selama enam tahun silam dan diperburuk oleh pandemi COVID-19 yang menjadi tantangan bagi keamanan kesehatan. Penelitian ini bertujuan untuk melihat peran WHO dalam merespons krisis kesehatan yang terjadi di Yaman. Dengan metode penelitian kualitatif studi pustaka, artikel ini menggunakan perangkat Atlas.ti untuk mengumpulkan data terkait dengan aktivitas WHO di Yaman selama pandemi dan menggunakan konsep peran organisasi internasional Clive Archer untuk menganalisisnya. Konsep keamanan kesehatan juga digunakan untuk menjelaskan kondisi kesehatan di Yaman selama masa pandemi. Penelitian ini menemukan kesesuaian antara aktivitas WHO dengan konsep peran dari Clive Archer, utamanya pada peran WHO sebagai aktor independen dalam menanggulangi masalah kesehatan di Yaman. Meskipun begitu, ketiga peran tersebut sejatinya memiliki keterkaitan satu sama lain. Melihat WHO yang selalu menekankan bantuan internasional dalam mengatasi krisis kesehatan di Yaman, peneliti merekomendasikan peningkatan solidaritas global dengan otoritas Yaman untuk memperbaiki kondisi kesehatan dalam negeri negara tersebut.

Kata kunci:
COVID-19, Keamanan Kesehatan, Organisasi Internasional, WHO, Yaman
INTRODUCTION

The emergence of COVID-19 as a global pandemic at the beginning of 2020 has tremendously impacted human life, particularly health. As an integral part of human security, health is also vital to the human being. The spread of COVID-19 then became a spotlight as a significant threat to health. Although COVID-19 also profoundly impacts the economy, health remains the most threatened aspect that must be prioritised during this pandemic (Alamsyah et al., 2021, p. 132). Firstly detected in China at the end of 2019, it is now contagious worldwide. As of the beginning of May 2021, more than 150 million people worldwide have been infected, and three million died (WHO, 2021e). COVID-19 unevenly spreads due to differences in domestic conditions and capacities; countries with low economic levels or currently experiencing political instability have a greater risk in dealing with the COVID-19 pandemic.

Yemen is one of the worst economies and has the lowest level of human security in the Middle East. According to the United Nations, it is also classified as a failed state since the civil war broke out in 2014 followed by the worst humanitarian crisis (Clausen, 2019, p. 5; OCHA, 2021a, p. 5). Yemen also faces many health challenges, such as cholera, diphtheria, and dengue fever. Limited access to health facilities and food also causes millions to be malnourished (Dureab et al., 2020, p. e311). The internal conflict going on for the past six years makes it complicated to improve human security in Yemen. It has already caused a lot of damage in Yemen, especially to its infrastructure (Sowers & Weinthal, 2021, p. 163). It is hard for the people there to meet their basic needs with the lack of public facilities, such as hospitals, public roads, and agricultural areas. Thus, it will be a lot of homework to improve its human security. Concomitantly, the war-related policy that imposed naval blockade also hindered foreign humanitarian aid from entering Yemen’s territory (Fink, 2017, p. 292). This condition has increased Yemen’s vulnerability, especially in handling the COVID-19.

Despite the massive spread of COVID-19 from China worldwide, Yemen was one of the last countries to get infected. The first COVID-19 case in Yemen was discovered in April 2020, and as of early May 2021, there were more than 6,500 people infected (WHO, 2021e). However, considering Yemen’s extremely vulnerable internal situation and the intense spread of the virus in the surrounding countries, it is very likely that the actual number of infected people is far higher than detected (Mousavi & Anjomshoa, 2020, p. 1). This condition encourages international concern regarding the handling of COVID-19 in Yemen.
International participation and donations have been channelled through the United Nations (UN) to improve human security in Yemen, especially in COVID-19-related handling. At a humanitarian conference organised by Saudi Arabia in 2020, the UN explained the deteriorating humanitarian situation in Yemen and encouraged international participation and donation. The forum also donated US$1.35 billion to Yemen, US$500 million dollars of which coming from Saudi Arabia (Kossaify, 2020).

WHO, as the UN agency specialising in health, has a vital role in assisting the handling of the COVID-19 pandemic. Since the emergence of the coronavirus, the WHO has become the primary reference for countries to create policies in dealing with the new disease. These significant roles were performed when WHO declared COVID-19 as a global pandemic in early 2020 (WHO, 2020b), followed by the recommendation to wear the mask and limit face-to-face interactions. WHO is considered a legitimate global authority to establish international health regulation mechanisms and has also been responsible for helping countries deal with various diseases (Kuznetsova, 2020, p. 2).

WHO’s role in combating COVID-19 is also reflected in its effort as the promoter of the global vaccines campaign. WHO continuously promotes fair and systematic distribution of vaccines worldwide and has established COVAX to achieve these aims. WHO also calls states to prioritise providing vaccine supplies through these facilities to support the equitable distribution of vaccines (WHO, 2021f). In addition, WHO has also created a platform to collect research related to COVID-19 in collaboration with BIREME to accelerate the research and development process in dealing with the COVID-19 pandemic.

Highlighting the significance of WHO in promoting health, especially during the COVID-19 pandemic, this article aims to explore the role of the international organisation in responding to the health crisis in Yemen. Yemen’s poor domestic health condition has caused the country to be highly vulnerable to the COVID-19 pandemic. Yemen’s status as a country with the worst humanitarian crisis globally requires special attention in dealing with the pandemic. Therefore, this paper intends to examine the WHO’s response in dealing with the health crisis in Yemen, especially in tackling the spread of COVID-19.

The poor human security situation in Yemen has encouraged international participation and aid into the country. Unfortunately, it is challenging to facilitate such assistance due to the civil war in Yemen (Fink, 2017; Kimball & Jumaan, 2020). The domestic situation devastated by war and the lack of health facilities (Garber et al., 2020;
Sowers & Weinthal, 2021) has exacerbated the COVID-19 pandemic (International Rescue Committee, 2020). Several studies have examined the impact of COVID-19 in Yemen by looking at the mortality rate (Besson et al., 2021) and Yemen’s vulnerability to pandemics, particularly its health system (Alrubaiiee et al., 2020). Assessing this situation, Al-Subari et al. (2020) and Mousavi and Anjomsho (2020) encouraged international collaboration and cooperation to overcome the crisis in Yemen. WHO has also made global efforts to respond to the COVID-19 pandemic (Kuznetsova, 2020).

This pandemic has imposed the urgency to strengthen the global role of the WHO (Gostin, 2020). The role is emphasised in four aspects; funding, norm enforcement, political independence, and the proposal for WHO’s headquarter to be located in the most vulnerable states. It was also noticed by Brown (2020) by highlighting the minimum capacity of WHO in responding to COVID-19. This article aims to specifically assess WHO’s activities in Yemen, as a very vulnerable state in terms of health, during the COVID-19 pandemic by analysing its role as an international organisation based on the concept proposed by Clive Archer (2001).

Furthermore, the concept of health security and international organisation will be utilised as an analytical framework to unpack WHO’s role in Yemen in the era of COVID-19. The overall contribution of WHO will be assessed thoroughly by looking up into three crucial aspects proposed by Archer (2001); the arena, instrument, and actor.

**ANALYTICAL FRAMEWORK**

**Health Security**

The terminology of security in international relations has expanded beyond the military and national security matters since the end of the Cold War (Vermonte, 2003, p. 33). Security, which initially focused on the state as the leading actor, shifted its focus to universal human beings, assuming that threats to individuals could also become international threats (Šehovic, 2018, p. 16). The threats themselves are also classified into broader aspects. The United Nations (2016, p. 7) defined them into seven areas, including economy, food, environment, personal, community, politics, and health. Several considerations lay behind this nomenclature. For example, regarding the health aspect, attention was initially limited to its impact on the conduct of military operations and military capacity (McInnes, 2015, p. 7). However, threats could be in any form—they are no longer blocked by geographic boundaries so that they could interfere worldwide (Tobing, 2002, p. 76). Therefore, the concept of security in international relations is
expanded beyond the weapon-related issue. They refer to a more specific object, namely humans, who can move the threat itself transboundary.

International Relations scholars have various definitions of health security as an integral part of human security. The WHO’s definition, which pays attention to health as a fundamental aspect to achieve security and peace, is considered to blur the difference between ‘health and security’ and ‘health security’. Flahault et al. (2016) underlined the concept of global health security, which seeks to prepare a global response to dangerous new diseases. Health security gives the individual the right to health to prevent the spread of vulnerabilities globally (Šehovic, 2018, p. 75). It is executed by wisely implementing three main elements of health security, namely prevention, early detection, and effective and timely response (Frieden et al., 2014, p. 764). Generally, the concept of health security seeks to evenly distribute health to fight vulnerabilities by prioritising its crucial elements.

The involvement of international actors is essentially needed due to the broad spectrum of health security. Sehovic (2018, pp. 80-86) divided it into two, namely “health within” and “beyond”. Health within the borders covers the domestic territory, while outside the boundaries speaks of global scope. Here, Sehovic highlighted the role of state and non-state actors in maintaining and improving health security. Indeed, states as important actors in international relations are the decision-makers in health-related aspects.

However, non-state actors also play a strategic role in the international arena to promote health security. Firstly, they can provide a specific spotlight on certain health security threats. Secondly, non-state actors provide enormous assistance to the states. They could fill the gap left by the states in terms of health. For example, WHO, an international organisation with a specific mandate for global health, has become an important actor in promoting health security. Kamradt-Scott (2015, p. 2) stated that WHO has a central role in preventing, controlling, and eradicating the disease at the international level. WHO even has a framework to build health security in the form of International Health Regulations (IHR), which functions as a guidance for states to improve their health situation. That way, health security can be more comprehensively established globally by intensifying cooperation among international actors.

The concept of health security in this article is utilised to understand the health situation from the individual to the global level. This concept also limits the definition of humanitarian crisis and specifies it to the health aspect. The important thing that needs to
be underlined from this concept is the emergence of awareness that health is an important aspect that can affect human security globally, regardless of territorial boundaries. The current COVID-19 pandemic has proven this claim, promoting the significance of international actors’ participation in preventing the spread of and controlling the pandemic.

**The Role of International Institutions**

Other than the states, international organisations have become one of the important actors in international relations. According to Rittberger et al. (2019, p. 3), international organisations are part of international institutions that have special rules to determine the limits of states’ behaviour. International organisations also tend to have established bureaucratic structure and organised internal management (Archer, 2001). Meanwhile, according to Hooghe et al. (2019, p. 1), international organisations are established as a kind of cooperation among states to respond to an issue simultaneously. States need institutions that can comprehensively manage multilateral cooperation in order to run effectively and regularly (Reinalda, 2013, p. 3). By combining these definitions, we can say that international organisations are a form of cooperation among states on a broader scope accompanied by structures and rules to support their sustainability.

Such cooperation certainly has a specific direction and is established for certain purposes. Each international organisation has its own goals focusing on certain aspects (Barkin, 2013, p. 2), such as politics, security, economy, health, environment, etc. However, international organisations have their variations to cover current needs. An organisation can only focus on one aspect or accommodate multidimensional problems. International organisations are created to solve the problems emerging from these aspects. Lenz et al. (2014, pp. 1-2) wrote that international organisations are founded for two purposes, namely common goals and common problems. Therefore, it can be understood that international organisations are established with certain objectives related to solving or improving various aspects of life.

Related to those specific aims, it is acknowledged that international organisation has its own roles in the international system. Archer (2001, pp. 68-87) classified these roles into three aspects utilised as analytical tools in this research: an arena, instrument, and actor. As an arena, international organisations become a space for their members to have a dialogue on certain issues. States have the opportunity to exchange ideas in open forums under the auspices of international organisations. It plays an important role in
facilitating the multilateral negotiation process and provides significant space for diplomacy. As instruments, international organisations are believed to be tools to achieve the national interests of their member countries. In other words, the activities carried out by international organisations are not based on their full will as entities that have authority, but are influenced by the member states. It can also be interpreted as the dependence of international organisations on the states in doing something. Meanwhile, as an actor, Archer describes international organisations as independent entities that have authority.

To enhance the analysis of the role of international organisations as actors, Archer operationalised these roles on three points, namely the ability of international organisations to exercise control, make independent decisions, and have a special role that makes them strategically important in the international system. In exercising control, international organisations can influence other international actors, including states, to do or not do something. International organisations can also make decisions without demands from other parties and without having to seek the approval of other actors. With its independence, international organisations can take the opposite decision to states’. Meanwhile, the urgency for the existence of an international organisation is related to the added-value it provides for states, so that if the international organisation as an actor does not exist, there will be significant changes in the international order. Contrary to the role of international organisations as instruments, this role actually shows the capability of international organisations to exert influence on other actors and underscores the urgency of their existence. Archer uses these three specific points to analyse the role of UN peacekeepers in particular, and the researcher sees that this categorisation can also be used to support the analysis of the role of international organisations as actors.

Furthermore, an international organisation is considered an independent actor if the organisation is free from interference from its member countries and has sufficient resources. If an international organisation has a certain constitution that prevents the development of strong institutions—then the organisation tends to act as an arena or an extension of member states’ interests. Meanwhile, if an international organisation is dominated by a strong member state, then the organisation is vulnerable to being used as an instrument of hegemony (Archer 2001, p. 92). In addition, the role of international organisations as actors is specified by Archer in three aspects, namely controlling, independently making decisions, and specific roles that make the organisations important.
in the international system. Those will also be used to support the analysis of WHO’s role as an actor in Yemen.

**RESEARCH METHOD**

This article uses qualitative research with a literature review method. The main sources for references came from journals and trusted news related to human security in Yemen, especially in the context of health, during the COVID-19 pandemic. To see WHO activities in Yemen, WHO and other UN Agencies’ reports related to the development of the situation in Yemen are used as the primary source of research combined with supporting data from various trusted news agencies. The time frame of data collected is from 2020 to the beginning of June 2021. Meanwhile, this research refers to the books for conceptual reference, especially those related to international organisations and health security.

This study used the Atlas.ti tool to classify existing data according to the code needed to classify specific WHO’s roles. Cumulatively 51 documents about WHO activities in dealing with the health crisis in Yemen during the pandemic are found, with 175 quotations divided into 15 codes. The code is taken from the primary concept used in this article, namely the role of international organisations according to Clive Archer, with derived indicators as follows:

| Table 1. Coding of the Role of International Organisations |
|-------------------------------------------------------------|
| **Roles of International Organisations** | **Indicators** |
| **Arena** | States actor’s dialogue |
| | Non-state actors’ dialogue |
| **Instrument** | Programme execution |
| | Dependent on donors |
| | Pursuance of national interest |
| **Actor** | Existence of control |
| | Encouraging |
| | Guiding |
| | Evaluating |
| **Independent decisions** | Highlighting issue |
| | Cooperating |
| | Standardisation |
| | Proactive |
| **Without WHO** | Yemen’s dependency |
| | Increasing global health |
DISCUSSION
Yaman’s Health Security in COVID-19 Pandemic
There has been a civil war in Yemen since 2014, which is the biggest threat to human security. This war is rooted in the Arab Spring in Yemen in 2011 to overthrow the authoritarian government of President Saleh. The Yemeni government, which President Hadi later led, could not satisfy all parties, especially the Houthi group, which was not involved in establishing the government (Popp, 2015, p. 2). The Houthis then allied with Saleh and his supporters to protest against President Hadi’s leadership (Lopour, 2016, p. 3) and succeeded in taking control of Sana’a in September 2014. The fall of President Hadi also prompted regional intervention from Saudi Arabia to fight the opposition, as well as the United Arab Emirates who supports community groups in southern Yemen (Sowers & Weinthal, 2021, p. 162). It has made the civil war in Yemen more complicated and caused significant damage.

The ongoing civil war over the past six years has created insecurity for every individual in Yemen. Since the outbreak of war, there have been approximately 233,000 deaths, 131,000 of which due to indirect impacts of war, such as famine, lack of health services, and infrastructure (OCHA, 2021b, p. 11). More than 20 billion people in Yemen are currently in need of humanitarian assistance in various aspects of human security. The people’s inability to meet their needs at home makes Yemen dependent on imported commodities, such as food, medicine, and fuel. However, the delivery of aid and commodities from abroad is hindered by the blockade imposed in the war, especially by the Saudi Arabian coalition (Kimball & Jumaan, 2020, p. 65). The attacks launched by the warring parties have also caused significant damage to infrastructures. During 2015-2019, the attacks targeted civilian infrastructure related to people’s daily needs, such as agriculture, energy, transportation, water, and health (Sowers & Weinthal, 2021, p. 164). The human security crisis in Yemen has become such a weapon for one party to weaken another party.

Yemen’s humanitarian crisis that was already worsening due to the civil war is aggravated by the COVID-19 pandemic. Realising the exacerbated effect of the pandemic to states with internal conflict, the UN called on the warring parties to stop military offensives and implement health protocols following WHO recommendations. However,
it did not have a significant impact on minimising the damage of war. Attacks that caused civilians’ death and infrastructure damage increased about 27% even after the declared ceasefire (International Rescue Committee, 2020, p. 6). The magnitude of the airstrikes even made them the most significant attacks throughout the war.

This deteriorating effect of the war caused Yemen to need to improve its health security. Yemen itself has always been vulnerable in the health aspect. It was listed as the least safe country to provide health services in 2017 (Sowers & Weinthal, 2021, p. 172). Before COVID-19, Yemeni faced many health threats, ranging from cholera, diphtheria, dengue fever, measles to respiratory infections (WHO, 2021b). COVID-19 is undoubtedly a massive challenge for health in Yemen given the limited facilities available, including clean water, which is critical to prevent the spread of COVID-19. 49% of Yemenis do not have access to clean water, and 42% do not have adequate sanitation (OCHA, 2021c).

Yemen’s health facilities and infrastructure are far from sufficient to deal with the COVID-19 pandemic. On April 10, 2020, Yemen announced its first case of COVID-19 while only half of its health facilities were ready to use, with limited medical equipment to treat COVID-19 patients. There are only 700 beds and 500 ventilators available for 30 million people in Yemen (Save the Children, 2020). Lack of medical equipment is also a significant obstacle to detecting COVID-19. Yemen has six health laboratories in major cities, such as Sana’a, Aden, Mukalla, Taiz, Hudaidah and Ibb, with limited capacity to carry out tests. These six laboratories rely on medical equipment supplied by WHO, which means their ability to check Covid-19 suspect is very limited (Dhabaan et al., 2020, p. 2). They can only check around 118 per one million people (International Rescue Committee, 2020, p. 2). Not to mention the power cuts in conflict areas, which could interfere with the PCR machines’ performance.

Having concerns about the domestic situation, health workers in Yemen are also worried about the emergence of a pandemic in their country. Alrubaiee (2020) researched the knowledge and attitude of health workers in Yemen towards the spread of COVID-19. It was found that a third of the respondents were afraid and tended to leave their jobs if things got worse. This situation is undoubtedly a big problem for Yemen in its effort to fight the COVID-19 pandemic. Health workers show high pessimism about the ability of their health system to handle the patients (Zawiah et al., 2020). Therefore, the training for health workers is urgent and should be a top priority to improve Yemen’s readiness to respond to this threat.
As of the end of May 2021, there were 6,735 cases with 1,320 deaths due to the COVID-19 pandemic in Yemen (WHO, 2021e). However, given the country’s lack of ability to detect patients infected with the virus, the actual number could be much higher than reported. Moreover, the government is also intransparent in reporting the number of cases and deaths, especially in the areas controlled by the Houthis (Jalal, 2020). It is projected that the pandemic could infect 16 million Yemenis, i.e. 55% of the total population, with a death toll exceeding 40,000 (International Rescue Committee, 2020, p. 2). According to the head of the UN’s humanitarian operations in Yemen, the worst scenario could be the death toll that vastly exceeds the total death from war, disease, and famine five years ago (Kiley, 2020).

The health crisis in Yemen requires massive international assistance. Unfortunately, the number of donors coming to the United Nations during the pandemic has decreased drastically. In June 2020, incoming donations fell to 1 billion, putting various humanitarian programs, including WHO services in 189 hospitals and 200 health centres in Yemen, at risk of being suspended (International Rescue Committee, 2020, p. 5). As of April 2021, there is a shortfall of 2.53 billion humanitarian assistance under the Humanitarian Response Plan in Yemen (OCHA, 2021d). The setback in international financial aid has negatively affected the implementation and preparation of health services in Yemen to respond to the pandemic. Therefore, international communities should call for humanitarian urgency for vulnerable areas like Yemen.

The Role of WHO in Handling Yemen’s Health Crisis

As an international organisation in charge of health, the WHO bears a huge responsibility to handle the health crisis in Yemen. Other international organisations, both government-based and non-governmental, have also provided substantial humanitarian assistance to Yemen. However, WHO should take the lead and be proactive in providing humanitarian assistance to the health sector. Following the concept of the role of international organisation by Clive Archer, the WHO’s role in dealing with Yemen’s health crisis during the pandemic is assessed in three main aspects; as an arena, an instrument, and an actor, which is derived from indicators with detailed findings in Table 2. This research finds the relevance of WHO activities with Archer’s concept of international organisations’ roles and the relationship between indicators with those roles mentioned above.
Table 2. Coding Result of the Role of International Organisations

| Roles         | Indicators                     | Quotations | Percentage |
|---------------|--------------------------------|------------|------------|
| Arena         | States actor’s dialogue        | 4          | 33.33%     |
|               | Non-state actors’ dialogue     | 8          | 66.67%     |
|               | **TOTAL**                      | **12**     | **100%**   |
| Instrument    | Programme execution            | 27         | 43.55%     |
|               | Dependent on donors             | 33         | 53.23%     |
|               | Pursuance of national interest  | 2          | 3.23%      |
|               | **TOTAL**                      | **62**     | **100%**   |
| Actor         | Existence of control           |            |            |
|               | Encouraging                    | 20         | 19.80%     |
|               | Guiding                        | 13         | 12.87%     |
|               | Evaluating                     | 7          | 6.93%      |
|               | **Independent decisions**      |            |            |
|               | Highlighting issue             | 6          | 5.94%      |
|               | Cooperating                    | 16         | 15.84%     |
|               | Standardisation                | 1          | 0.99%      |
|               | Proactive                      | 9          | 8.91%      |
|               | **Without WHO**                |            |            |
|               | Yemen’s dependency             | 11         | 10.89%     |
|               | Increasing global health       | 9          | 8.91%      |
|               | Global leadership              | 9          | 8.91%      |
|               | **TOTAL**                      | **101**    | **100%**   |
|               | **TOTAL**                      | **175**    | **100%**   |

Source: Analysed by the author using the indicators from Archer (2011).

**WHO as an Arena**

Concerning WHO’s as an arena, there were 12 quotes out of 175 existing quotes or 6.86% of the total data collected. Generally, in defining this role, Archer (2001) emphasised the role of international organisations as a meeting space for their members to discuss and brainstorm. The members here refer to the states as members of an international organisation.

WHO has set a particular forum called the World Health Assembly (WHA) to bring together its member countries. It aims to coordinate over an issue and make a global health improvement-related decisions. The meeting is not only attended by its members; WHA also invited interstate organisations and other non-state actors as observers in the forum (Lee, 2009). As an annual event, WHO has twice held WHA during this pandemic. WHA also discussed other diseases, including cholera and polio, which are also health threats in Yemen. The annual WHA agenda is vital for international actors, especially WHO, to issue essential recommendations to develop further frameworks for global
health security threats (Explained Desk, 2020). The 73rd WHA resolution of 2020 issued several recommendations to deal with the COVID-19 pandemic. Among them is to provide technology and health products equitably to achieve global health (WHO, 2020a).

The role of WHO as an arena is not only reflected in the annual WHA, but also in dialogues conducted with non-state actors to build synergies in improving global health security. In February 2020, WHO convened for the first time a global forum to bring together international researchers to discuss the emerging COVID-19 (WHO, 2021a). This forum is essential for WHO to develop technical implementation and operational planning going forward. In addition, WHO also held a dialogue with civil society organisations before conducting the 74th WHA in May 2021 to brainstorm and call for the organisations’ participation in handling the COVID-19 pandemic (Prince & Santos, 2021).

WHO has a global orientation by conducting dialogue with state and non-state actors regarding global health in executing its role as an arena. The forums aimed to discuss general health conditions and specific diseases that require global attention. As the output, WHO would design and implement the action in countries that need special health assistance, such as Yemen.

The role of WHO as an intergovernmental organisation is not only as an arena for its member states. WHO also seeks inclusiveness by engaging non-state actors, such as academia, civil society organisations, and international non-governmental organisations, to provide views and improve global health. However, WHO’s role as an arena is still in a broad context and is not specific to a particular country, in this case, Yemen. Because the forums initiated by WHO discussed disease management in global scope, WHO’s role as an actor to deal with the crisis in Yemen had a less direct impact. An international platform that specifically discussed the crisis in Yemen and its mitigation was actually organised by the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) on June 2, 2020 which was attended by WHO (WHO, 2020c).

**WHO as an Instrument**

This research found WHO’s data as an instrument in 62 quotes or 35.43% of the total existing quotes. As an instrument, international organisations are positioned as ‘tools’ for the state. International organisations cannot be separated from the states’ inherent power in the international system. In interpreting the role of WHO as an instrument, researchers look at WHO’s dependence on donations or funds provided by the members to carry out
its activities and implement the programs. Reciprocally, the donor states must have their own goals and interests while supplying the fund.

WHO’s position as an instrument can be observed amid the decline in the flow of aid coming to WHO to run its programmes. WHO even had to reduce the amount of aid that it could provide to Yemen because of the lack of donors, putting the delivery of health services in Yemen at risk (Slemrod & Parker, 2020). As a collective effort to address this problem, WHO together with the United Nations held an international donors meeting organised by Saudi Arabia in mid-2020 (Kossaify, 2020).

Having traced the document about donor states to WHO, this research found out that Saudi Arabia seems to have a significant impact on the sustainability of the WHO programme. Saudi Arabia has a special humanitarian agency called the King Salman Humanitarian Aid and Relief Center (KSRelief). Judging from the reports released by WHO, KSRelief received a lot of attention for its collaboration with WHO to improve Yemen’s health security. They collaborated in improving health services, overcoming malnutrition, and providing water, sanitation and hygiene (WASH) facilities. KSRelief itself has a focus on providing humanitarian assistance in Yemen. As of May 31, 2021, Yemen was the largest recipient of KSRelief, receiving US$3,771,772,565, which accounted for 71.7% of the total aid provided internationally (KSRelief, 2021).

Unfortunately, in addition to the huge amount of assistance provided through WHO, Saudi Arabia also continued military activities in the war in Yemen. Saudi Arabia, which assisted President Hadi against the Houthis, has proposed justifications for its military intervention in Yemen. As researched by Buys & Garwood-Gowers (2018), Saudi Arabia justified its action as self-defence and intervention by invitation regarding humanity. It claims the Houthis as a threat that can destabilise Yemen and the Middle East region, so that the intervention is part of Saudi Arabia’s responsibility to protect the people of Yemen (Buys & Garwood-Gowers, 2018). Therefore, the assistance provided by Saudi Arabia through the WHO also seems to support the justification of Saudi Arabia’s intervention in Yemen which it claims as protection of humanity.

Other than Saudi Arabia, several other countries are mentioned in the report documents published by WHO, including Japan, Germany, and Kuwait. These countries have made a significant contribution in helping WHO carry out its programme to improve the quality of health in Yemen during the pandemic. Assistance from Japan prioritises the availability of functional health access and responsiveness to new disease threats, such as increasing the capacity of health workers (WHO, 2021d). WHO has also successfully
implemented a programme to tackle malnutrition in Yemen with assistance from Germany by providing emergency health services and setting synergies with the volunteer health community (WHO, 2021c). Meanwhile, Kuwait is also committed to helping overcome the crisis in Yemen together with WHO to build health consulting facilities (AFP, 2021).

Japan and Germany have human security and global health-oriented foreign policies (Germany Federal Ministry of Health, 2021; Sumi, 2006). In this case, WHO is an instrument for the two countries to implement what is stated in their foreign policies. As McCormick and Kihl (1979, in Archer, 2001) argued, international organisations are utilised by states as instruments to achieve their foreign policy goals.

International aid and assistance coming from Germany and Kuwait through the WHO is also in line with the position of Germany and Kuwait in the conflict in Yemen. They both strongly encourage a political settlement of the conflict. This stance is reflected in the ministerial meeting initiated by Germany, which Kuwait also attended to discuss the current situation and seek possible solutions for Yemen (AFP, 2021). Kuwait also emphasises the implementation of the GCC Initiative, the results of the National Dialogue, Security Council Resolution 2216, and the Stockholm Agreement, as well as supporting Saudi Arabia to take part in conflict resolution in Yemen (AFP, 2021).

**WHO as an Actor**
Cumulatively, this study found about 101 quotes regarding the role of WHO as an actor, equals to 57.71% of the total collected quotes. This number includes WHO’s activities in carrying out its role as an actor influencing other actors, making their own decisions, and their urgency in the international system. In general, defining WHO as an actor means classifying the organisation as a single entity, not as an organisation with member states behind it.

*The Influence of WHO*
WHO has the capacity to influence other actors, especially state actors, and to manage the health security in Yemen. This paper specifies this capacity based on three aspects of WHO’s activities: encouragement, guidance, and evaluation.

The first aspect is encouragement. WHO has the capacity to encourage international actors to help improve the quality of health in Yemen. Certainly, this is not an easy task, so WHO needs to call for global solidarity to intervene in improving the
quality of health in Yemen. In international forums, WHO has advised the condition of
the health crisis that occurred in Yemen and called on the participants to provide
assistance in responding to the current situation. Moreover, the pandemic has caused a
decrease in the number of funds received by WHO and has become a major challenge for
improvement in Yemen. This situation has also encouraged countries to provide financial
assistance at the international donor conference held in 2020. In this regard, WHO calls
for not only state actors but also other international organisations, as well as existing local
communities, to help improve health in Yemen.

Another kind of encouraging action of WHO is also reflected in its activities in
calling for the Yemeni government to pay attention to the health of migrants within the
country (WHO & IOM, 2020). There is a stigma against migrants in Yemen that blames
the migrants as carriers of the disease. In addition, another view considers migrants as a
threat to the state (Azis, 2004, p. 80). Together with the International Organization for
Migration (IOM), WHO has a huge concern for the health condition of discriminated
migrants in Yemen, especially during the COVID-19 pandemic.

Secondly, WHO has the capacity to guide health operations in Yemen conducted
by domestic and international actors. In response to the COVID-19, WHO established a
Strategic Preparedness and Response Plan (SPRP), which the governments utilise to build
health resilience in dealing with the coronavirus. This SPRP contains steps that the local
health system must consider, covering nine operational and technical pillars (WHO,
2021a). With the health guidelines made by WHO, it will be easier for the Yemeni
government to pay attention to health problems that need to be improved, accompanied
by the formulation of appropriate policies. In addition, the guide is also useful for other
countries to be able to provide assistance that is in accordance with Yemen’s needs in
dealing with existing diseases in their country during the pandemic.

The guidance provided by WHO is useful not only for other actors to improve
their health but also for WHO itself to evaluate the quality of health and readiness of a
country to face the challenges of the COVID-19 pandemic. WHO’s role in conducting
evaluations links back to its role of encouraging actors and guiding countries’ health
performance. The assessment results will be used to provide further recommendations to
respective countries and evaluate existing SPRPs.

The Decision of WHO
WHO has taken various initiatives to handle the pandemic of COVID-19. At the beginning of the spread, WHO declared the pandemic status and warned all countries to implement the health protocols, including limiting interactions, wearing the mask, and washing hands. Then WHO responsively established SPRP to facilitate international actors to build health resilience collectively.

As an independent international actor, WHO has the authority to respond to health issues, including formulating a strategy to respond to new diseases. This authority also shows WHO’s capacity to pay attention to specific health problems regarding the diseases themselves and the subject actors. WHO always shows concern to vulnerable states and calls for global concern as well. WHO’s strategies are reflected in its official statements in various international forums.

In responding to Yemen’s health issues, WHO prefers to cooperate with other actors. The urgency of improving health in Yemen led to intensified coordination and collaboration initiated by WHO with domestic health workers and other international organisations, such as the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (MSF). WHO is also collaborating with Gavi and CEPI to create a fair COVID-19 vaccination facility (COVAX Facility) by prioritising middle and low-income countries like Yemen.

In carrying out global vaccinations, the WHO uses vaccines developed independently by countries. However, WHO’s role as an actor remains significant by setting the global standard for the vaccines. All states need to coordinate with WHO to conduct the eligibility test of the vaccines they developed.

The WHO’s independent decisions that proactively respond to current health issues make it responsive to carry out research related to diseases that are infecting the community and the domestic health. WHO even conducts research related to mutations of the coronavirus and makes early preparations to deal with new diseases. However, although the Yemeni and domestic authorities have reported the number COVID-19 and the domestic death rate, WHO believes that the reports are not comprehensive and transparent. WHO and the UN claim the government underestimates the spread of the disease in Yemen (Barrington & Ghobari, 2021) and should have taken early actions to improve the health system there.

As an actor, WHO has performed its ability to proactively formulate policies that show its responsibility for global health. It is in line with the role of international organisations as actors in making independent decisions. Archer argues that this role
could be assessed in the decisions made by international organisations without being pushed by their member countries and can execute their duties according to their mandate (Archer, 2001, p. 89).

The Urgency of WHO

WHO’s role as an actor can be assessed from its urgency in the international order. In this case, WHO’s role is tested by contrasting the presence to the absence of WHO in Yemen. The emergence of the COVID-19 pandemic as a health threat has promoted WHO’s significant roles in the international order. All explanations regarding the WHO’s roles above show the dependency of Yemen in improving its domestic health condition. WHO took several initiatives to establish health development programmes in achieving health resilience in Yemen which has suffered from domestic instability. Without the assistance of WHO, Yemen would have to face a severe pandemic impact. Moreover, Yemen also depends too much on WHO. The government even provides incentives to health workers who are pessimistic about the health system in their country (Slemrod & Parker, 2020). The poor health condition in Yemen, namely infrastructure, facilities, medical devices, medicines, and health workers, have become WHO priorities.

WHO has also performed leadership in health security by encouraging the participation of other actors, such as states, international organisations, and local communities, to help tackle health problems in Yemen. WHO calls for the international community to have concern about health security in conflict and low-income countries to improve global health. Having been globally recognised for its authority enables WHO to be heard by states and other international actors. When WHO highlights an issue in a particular area, it can call actors to do something. Other international organisations also cooperate with WHO to assist specifically in the health aspect. Therefore, WHO’s emphasis on the health crisis in Yemen during the pandemic is essential for Yemen to get assistance for improving their health.

CONCLUSION

WHO’s roles in handling the health crisis in Yemen during the pandemic can be assessed from the gap of data grouping. The data that shows WHO's role as an arena accounts for only 6.86%, as an instrument 35.43%, and as an actor 57.71%. Based on this significant gap, the author concludes that WHO’s role as an actor is the most powerful, starting from the organisation’s efforts to encourage international actors to have a particular concern
for Yemen, the program design, and the execution. WHO is proactive in responding to the pandemic in Yemen by doing a lot of collaboration with other actors.

However, looking at the generalisation made by Archer in classifying international organisations for specific roles shows that WHO as an actor has not played its role to its fullest. It underlines Archer’s statement that international organisations as actors are supposed to have sufficient resources. In contrast, in the discussion section, it has been explained that WHO faces many limitations that cause it to depend on state contributions. Thus, it is understood that the role of WHO as an instrument, the quotes of which reaches 35.43%, is also highlighted in tackling the crisis in Yemen.

Meanwhile, the small number of quotes (6.86%) shows WHO’s role as an actor has a minimal significance compared to the other roles. Moreover, the data obtained do not show the role of WHO as a forum that explicitly discusses the crisis in Yemen but is more general and global in scope.

This study found that the relationship between the three roles could not be completely separated from each other, despite variance in their significance. WHO’s role as an arena that issues recommendations is helpful as guidance for WHO itself to formulate strategies in implementing programmes and evaluating the country’s health condition. Then, support and assistance from the state also strengthen WHO’s position in the international order as an independent actor. It shows the relationship between one role and another.

This research also found the global solidarity WHO has always emphasised in improving health in Yemen is significant for accelerating the response to the crisis. Therefore, a collaboration between actors can accelerate the improvement of the crisis in Yemen. The role of local actors in Yemen, including health workers and authorities, also needs to be harmonised and made more transparent in reporting the level of spread of COVID-19 in the country so that the health crisis in Yemen can be handled efficiently.

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