

International organisations in the light of the COVID-19 pandemic and their impact on public health

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ABSTRACT

This article investigates and provides an overview of the role of international organisations: Caritas Internationalis, the International Federation of Red Cross and Red Crescent Societies, the United Nations Children's Fund and the World Health Organisation. It explores the steps these organisations have taken to protect the health of people and mitigate the consequences of the COVID-19 pandemic by means of: distributing food, soap, masks, gloves, providing medical equipment, helping people get vaccinated, performing COVID-19 tests, reaching people with WASH services, promoting psychological well-being, and providing people with reliable information. The work also focuses on exploring the factors influencing public trust in those organisations (in this case the WHO), such as age, gender and nationality. The collected data are processed using statistical methods. As the quantitative analysis suggests, the WHO's impact on the decisions and opinions of the society was differentiated. Some trends could be observed, but the correlation between the percentage of the surveyed citizens who think that the WHO has done a good job dealing with the coronavirus outbreak in certain countries and the amount of money contributed in total until 2022 to the WHO COVID-19 Response Fund by their countries turned out to be statistically significant. Based on the sources found, it can be stated that international organisations undertake numerous actions, whose aim is to improve health and limit the negative impact of the pandemic that influences the physical and mental health of the population. Their impact, however, may be restricted, while the information spread by them does not have an effect on everyone, which is caused by many factors.

KEY WORDS: World Health Organization, COVID-19, public health.

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INTRODUCTION

The COVID-19 pandemic has been a global challenge which changed the lives of people all over the world. Various international organisations ('institutions drawing membership from at least three states, having activities in several states, and whose members are held together by a formal agreement') [1] have strived to maintain the public safety and reduce the toll that the pandemic has been taking on our population. This article aims to provide an overview of the actions undertaken (mostly health-related) by the following international organisations that were important in the light of the COVID-19

pandemic: Caritas Internationalis, the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). Moreover, the support of each country (both social and governmental) to the WHO will be analysed.

Caritas Internationalis is a Catholic social organisation which is a confederation of over 160 Catholic organisations [2]. This organisation shares the mission of the Catholic Church: 'to serve the poor and to promote charity and justice throughout the world' [3]. The International Federation of Red Cross and Red Crescent

Societies is the largest humanitarian network in the world, comprised of 192 Red Cross and Red Crescent societies. The organisation takes action during disasters and emergencies but also non-emergency situations, including health promotion, diagnosis, treatment, rehabilitation and palliative care [4]. The Red Cross and Red Crescent societies can be defined neither as a governmental institution nor a fully non-governmental institution; instead, their role is defined as auxiliary – they are subject to laws in their respective countries, but they resist political and ideological interference to maintain neutrality. The WHO, on the other hand, is a UN organisation that focuses on public health and global health emergencies. Similarly, UNICEF, a UN organisation, is mandated to protect the rights of every child, everywhere, especially the most disadvantaged [5]. During the COVID-19 pandemic their objectives, as well as their execution, have been challenged.

THE ROLE OF CARITAS INTERNATIONALIS

Throughout the COVID-19 pandemic, Caritas Internationalis has undertaken actions aiming to protect people from the disease and mitigate the consequences of the pandemic. The international confederation consists of regional networks, which consist of national Caritas organisations [6]. Through those organisations, food, soap, masks, and disinfectants were distributed and reliable information was provided for the public. Some case studies of their work can be found below.

Caritas Niger has focused on helping people in the Archdiocese of Niamey and the Diocese of Maradi, which include the largest and second-largest cities in Niger. The organisation has created a €100 000, three-month long programme with the aim of helping over half a million people through donations of food rations and money for food, donations of hygiene and protection measures, but also through a campaign to raise awareness. An example of such a donation was in Maria-ma School in Niamey, where 20 handwashing stations, 156 bottles of hand sanitiser, 200 litres of liquid soap and 3000 masks were donated [7].

The main goal of Caritas Congo was to fight misinformation about the virus, focusing on Kinshasa – the capital of the Democratic Republic of Congo. The organisation has been trying to accomplish that through advertisements on the radio and television, through social media, by putting up posters in popular parts of the city and even by sending text messages. Since the elderly are more at risk of COVID-19, Caritas Congo also distributed food rations of 2100 calories to some elderly people. The organisation with the Bureau Diocésain des Œuvres Médicales de Kinshasa has also donated medical equipment to the Centre Hospitalier Kikimi in Kinshasa: a respirator and infrared thermometers [8].

THE ROLE OF IFRC

The International Federation of Red Cross and Red Crescent Societies has been active when it comes to fighting COVID-19 and their activities have been divided into three categories: sustaining health and WASH (water, sanitation and hygiene), addressing the socio-economic impact and strengthening National Societies. The following part provides a summary of the most important activities of the IFRC based on the most recent COVID-19 Outbreak 30-Month IFRC Update.

When it comes to sustaining health and WASH (water, sanitation and hygiene), the Danish Red Cross has hosted the IFRC Reference Centre for Psychosocial Support, that has been promoting psychological well-being for affected and at-risk groups, including volunteers and staff. It has conducted 115 training sessions across regions on Psychological First Aid, Psychosocial Support in Emergencies and psychosocial support in the context of hesitancy about vaccination. Webinars were also held for staff, volunteers and the general public. So far, 151 National Societies have reached 13.5 million people. The IFRC has also equipped ambulances and mobile teams to provide medical help and information to remote communities. What is more, 131 million people were reached through WASH services and 19 million with community health services. Apart from that, the IFRC has conducted a total of 45.7 million COVID-19 tests. The organisation has also trained over 1.9 million volunteers and staff to support vaccination and a total of 117 million people were helped to get vaccinated [9].

Cash and voucher assistance has been important in addressing the socioeconomic impact, donating to households with food shortages caused by COVID-19. It reached 6 million people in 94 countries with around 265 million CHF. The Livelihoods Resource Centre (LRC) has also played an important role in tackling the socioeconomic impact of the pandemic. This centre is hosted by the Spanish Red Cross and provides technical assistance and training to people wanting to improve their technical abilities, i.e. required to find work [10]. Moreover, the IFRC contributed to safe access to education by training the education community, implementing safety measures such as hand-washing stations and temperature checks, vaccination campaigns, disinfection, providing learning equipment and distributing food in schools. An Online Education Resource Library was established in collaboration with the WHO, UNICEF, UNESCO and many other contributors, which provided educational materials and publications accessible to children, parents and teachers.

The actions of the IFRC regarding strengthening National Societies were indirectly related to the pandemic. Here, the goal was to support the National Societies in their capacity to respond to the impacts of the COVID-19 pandemic. For example, Emergency Operation Centres

(EOCs) were created to support a given local National Society in the case of an emergency with up-to-date crisis information and communication. They are generally multi-purpose and were useful especially in Albania, Bosnia and Herzegovina, Croatia, Montenegro, North Macedonia and the Republic of Serbia during the pandemic. For example, in Bosnia and Herzegovina EOCs were used to manage vaccine registration and schedules and also to maintain contact with the public health institute [11].

THE ROLE OF UNICEF

The United Nations Children's Fund is an organisation that focuses on eliminating inequities mostly among children. Its objectives to 'make sure that every child has the access to the health care and nutrition they need to not only survive, but thrive' [12] have been significantly challenged during the COVID-19 pandemic. Nevertheless, in 2020, UNICEF was able to accomplish goals regarding COVID-19 resilience such as:

- providing leadership in the COVAX Facility ('the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are rapidly available worldwide to economies of all financial means'), [13] 'leading to the financing of COVID-19 vaccines for 92 low- and middle-income countries, and preparing countries to deliver the vaccine,
- distributing WASH services and supplies for 106 million people, including 58 million children,
- providing personal protective equipment (PPE) for nearly 2.6 million health workers,
- facilitating training on infection prevention and control for 4 million health workers,
- supporting community-based mental health and psychosocial interventions in COVID-19 response plans, reaching 78 million children, adolescents, parents and caregivers in 117 countries,
- facilitating treatment and care for nearly 5 million children with severe wasting in more than 70 countries' [14].

Moreover, UNICEF as the single largest vaccine buyer in the world has been organising the international transport of COVID-19 vaccines for COVAX since February 2021 [15]. The organisation has also been considered a leader in 'procurement and supply of COVID-19 vaccines in the world's largest and fastest ever operation of its kind' [16]. During this time UNICEF, Gavi (Gavi, the Vaccine Alliance), the WHO, and PAHO (the Pan American Health Organization) were responsible for preparatory work for country vaccine readiness in collaboration with partners and national governments, including:

- 'working with device manufacturers to plan availability of safe injection equipment and cold chain requirements for the vaccine,
- developing guidance with WHO and trainings to support vaccination policies and appropriate handling, storing and distribution of the vaccines,

- working with manufacturers on logistics solutions to get vaccine doses to countries as quickly and safely as possible once they are allocated,
- ensuring that people are well-informed about the COVID-19 vaccination process.'

Eventually, as of May 2023, through COVAX, 1.96 billion doses of vaccines were shipped to 146 countries [17] (globally, as of May 2023, 13.38 billion doses had been administered) [18]. More information relating to the delivery of medical equipment can be accessed via COVID-19 Market Dashboard – 'an interactive tool for partners, manufacturers and countries to follow the developments of the COVID-19 vaccine and therapeutics, and of the medical oxygen market' prepared by UNICEF [17].

THE ROLE OF THE WHO IN THE PANDEMIC

On May 19 2020, during the Seventy-Third World Health Assembly, the members issued a resolution: WHA73.1 COVID-19 response. This resolution recognised the threat that the pandemic has posed to the global population, its greater impact on poor communities, its secondary consequences such as hunger and poverty, the need to protect at-risk groups and many other aspects of the pandemic. What is more, the Seventy-Third World Health Assembly called on Member States (and where applicable regional economic integration organisations) to put in place a whole-of-government and whole-of-society response to the pandemic, in accordance with specific contexts, devoid of stigmatisation and marginalisation, following WHO guidance, that would ensure access to reliable information regarding the pandemic, access to safe treatment, testing and palliative care, access to protective care for healthcare professionals and workers, access to safe water, sanitation, hygiene, infection prevention and control measures. It has also called on international organisations and stakeholders to support all countries upon their request, work collaboratively and address the proliferation of disinformation [19]. What is more, we can undoubtedly recognise this organisation as one that supplied the population with a lot of accurate information as well as qualitative and quantitative data. Furthermore, the WHO is the only source of legally binding international regulations for the pandemic response [20]. The organisation also aids with tracking the everyday number of diagnosed and deceased people until this day [21]. This was crucial for making organisational decisions regarding lockdowns and zones of increased risk of infection. However, to support the actions, help from the public sector was also needed. The COVID-19 Response Fund was established shortly after announcing the pandemic on March 11 2020. Contributions from all over the world to the WHO for the COVID-19 appeal have reached 1.09 billion USD (the amount received by the WHO) as of November 22 2022 [22].

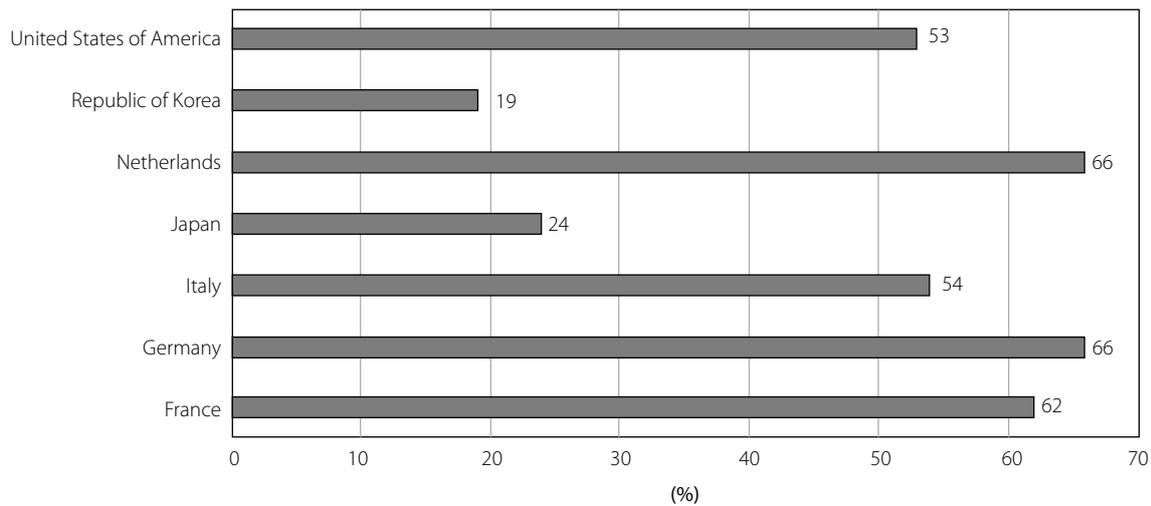


FIGURE 1. Citizens who say that the WHO has done a good job dealing with the coronavirus outbreak (%) in each country (France, Germany, Italy, Japan, Netherlands, Republic of Korea, United States of America)

The World Health Organization Pharmacovigilance Database is used to determine the risks of certain vaccines and associations between taking a COVID-19 vaccine and possible complications. For example, thanks to this database an article determining the association of facial paralysis with mRNA COVID-19 vaccines was supplied with data and therefore proved the very low risk of facial nerve paralysis due to COVID-19 vaccination [23]. This is crucial, as the results of such investigations can help citizens and their doctors to choose the right vaccine for them. Furthermore, the WHO convened an expert panel to develop interim best practice guidance for COVID-19 vaccine effectiveness evaluations. In order to do so, the organisation has published best practice guidance as well as protocols which describe the various aspects to consider when planning and conducting a vaccine effectiveness evaluation. The WHO encourages consistent and standardised reporting of results of COVID-19 vaccine effectiveness evaluations that include sufficient details on study participants, data collection, and analysis to enable readers to judge the validity of the study [24]. The organisation has also undertaken steps to meet world COVID-19 vaccination targets to enhance coverage of vaccines in countries in need, by for example suggesting countries with high vaccine coverage to: ‘swap vaccine delivery schedules, with COVAX and AVAT.’

Regarding vaccine manufacturing countries, it was advised to ‘prioritise and fulfil COVAX and AVAT contracts as a matter of urgency to fulfil targets to vaccinate 40% of the population of all countries by the end-2021 and 70% by mid-2022’. The WHO urges civil society and community organisations to ‘mobilize and empower communities, including through social media and community networks, to generate strong vaccine demand and address misinformation and misperceptions that contribute to vaccine hesitancy’ [25]. According to the results of the analysis in the research paper ‘How

people around the world see the World Health Organization’s initial response’ by Pew Research Center [26] that was based on nationally representative surveys of 14 276 adults conducted from June 10 to 3 August 2020, a median of 63% of adults across 14 nations said that the WHO had done a good job dealing with the coronavirus outbreak. In 12 of these countries, half or more citizens thought the WHO had managed the pandemic well. In order to investigate whether the percentage of the surveyed citizens who think that the WHO has done a good job dealing with the coronavirus outbreak in certain countries (Figure 1) correlates with the amount of money contributed in total until 2022 to the WHO COVID-19 Response Fund by their countries (in million USD) [22] (Table 1), a Spearman’s rank correlation coefficient was calculated. A strong positive correlation was found between the number of surveyed citizens who think that the WHO has done a good job dealing with the coronavirus outbreak in certain countries and

TABLE 1. Amount of money contributed in total by 2022 to the WHO COVID-19 Response Fund by each country

Country	Amount of money contributed in total by 2022 to the WHO COVID-19 Response Fund by each country (in million USD), rounded to one decimal place
France	52.5
Germany	352.4
Italy	3.2
Japan	4.9
Netherlands	30.4
Republic of Korea	0.3
United States of America	276.0

TABLE 2. Percentage of the population vaccinated as of November 21, 2022 in each country

Country	Percentage of the population vaccinated as of November 21, 2022 (%)
France	81
Germany	78
Italy	84
Japan	83
Netherlands	74
Republic of Korea	87
United States of America	80

the amount of money contributed in total until 2022 to the WHO COVID-19 Response Fund by each country ($R_s = +0.8304$ at $p = 0.05$). These results suggest how important the approach of the government is in the policy of the WHO being adopted by its citizens. It is also stated that those with a favourable opinion of the UN are more likely to see the WHO's response to the pandemic positively – as the study by Pew Research Center found. However, to investigate the topic of population health, a field verification is needed. The correlation between the amount of money contributed in total until 2022 to the WHO COVID-19 Response Fund by each country and the percentage of the population vaccinated against COVID-19 in each country [27] (Table 2) was determined using the same method – Spearman's rank correlation coefficient. After appropriate calculations, the null hypothesis was not rejected – no correlation was found between the amount of money contributed in total until 2022 to the WHO COVID-19 Response Fund by each country and the percentage of the population vaccinated against COVID-19 in those countries ($R_s = -0.7857$ at $p = 0.10$). This information shows that the amount of money contributed to the WHO COVID-19 Response Fund by each country does not mean adherence to their recommendations by their citizens. Another interesting finding, in the statistics in the research paper, is that a greater percentage of women than men expressed a positive opinion regarding the WHO's initial response to the pandemic; however, no data explaining why this discrepancy is present can be found.

CONCLUSIONS

The international organisations presented in this article, during the COVID-19 pandemic, turned out to be crucial for the course of this global emergency. Caritas Internationalis has been providing food, masks, disinfectant and soap, focusing on people in risk groups of COVID-19 through its 162 national Caritas organisations. They have also been providing information about the disease and means of protection. Another organ-

isation that undertook actions to protect people was the IFRC. Specific examples of steps that the IFRC has taken include: distributing equipment to medical staff, promoting psychological well-being, reaching people with WASH, performing 45.7 million COVID-19 tests, helping 117 million people get vaccinated, providing training to people struggling to find work, enhancing access to safe education and creating Emergency Operating Centres which provide information to local National Societies in emergencies. UNICEF has been a very valuable contributor to the logistics of the COVID-19 vaccine, PPE, medical oxygen and therapeutics distribution. As the quantitative analysis suggests, the WHO's impact on the decisions and opinions of the society has been variable. Some trends could be observed, but the correlation between the percentage of the surveyed citizens who think that the WHO has done a good job dealing with the coronavirus outbreak in certain countries and the amount of money contributed in total until 2022 to the WHO COVID-19 Response Fund by their countries turned out to be statistically significant. This finding highlights how policy affects the opinions of citizens. The fact that no statistically significant correlation was found between the amount of money contributed in total until 2022 to the WHO COVID-19 Response Fund by each country and the percentage of the population vaccinated against COVID-19 in each country proves that the narrative and public opinion do not determine adherence to the recommendations. Hence, populations do not have to be limited by the county's budget to improve adherence to guidelines.

It is a hopeful conclusion for the future, but to confirm all of the relationships between population tendencies during the COVID-19 pandemic, a much broader set of data should be collected. This article strived to gather and standardise the data from numerous sources, but inevitably there are limitations, e.g. a low number of samples. Moreover, the conclusions reached can therefore be taken into account when designing protocols and strategies for future emergencies.

DISCLOSURE

The authors report no conflict of interest.

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AUTHORS' CONTRIBUTIONS

TAK, JN prepared research concept and design of the publication, analysed and interpreted data, prepared the first draft of the article. Both authors approved the final text of the publication.