# THE ROLE OF THE UNITED NATIONS IN THE MANAGEMENT OF HEALTH CRISES: EBOLA AND COVID-19

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**Abstract:** *This research examines how the United Nations (UN) responded to two of the most significant health crises of the 21st century: the Ebola outbreak in West Africa (2014–2016) and the COVID-19 pandemic (beginning in 2020). Through a comparative methodology, the study highlights the differences between the tactics applied, the speed of intervention, the organizational structures mobilized, and the challenges faced in each context. For the Ebola situation, the UN intervened through a newly established specialized mission (UNMEER), while for the COVID-19 pandemic it opted for the development of pre-existing bodies, emphasizing the importance of the World Health Organization and programs such as COVAX. According to the evaluation, the knowledge acquired during the Ebola crisis exerted a beneficial influence on the subsequent management of COVID-19. However, the scale and complexity of the pandemic revealed fragilities in the international public health system, suggesting the necessity of fundamental transformations to effectively respond to future health emergencies.*

**Keywords**: *United Nations, global health crises, pandemic response*

## 1. Introduction

In the context of accelerated globalization, biological threats have the capacity to rapidly cross national borders, transforming local health emergencies into global crises with profound implications for human security, economic stability, and social cohesion. The United Nations, in its capacity as the main multilateral forum at the global level, is called upon to play a central role in coordinating international responses to such crises (Moon et al., 2015).

Two major events of the last decade have tested the global public health architecture in unprecedented ways: the West African Ebola epidemic (2014-2016) and the COVID-19 pandemic (2020-present). These crises, although fundamentally different in the characteristics of the pathogens involved, transmission dynamics, and geographical scope, offer valuable opportunities for comparative analysis and the extraction of essential lessons for future global health emergency management strategies.

This research aims to systematically examine the following aspects:

- Institutional structures and intervention mechanisms activated by the UN in each of the two crises
- The speed and effectiveness of the coordinated international response
- Specific challenges encountered and strategic adaptations implemented
- The impact of the Ebola experience on the subsequent management of the COVID-19 pandemic
- Essential lessons for strengthening global response capacity to future health threats

Through this analytical approach, the study contributes to the specialized literature on global health governance and offers relevant perspectives for reforming the international health emergency response system.

## 2. Context and Particularities of the Analyzed Health Crises

### 2.1. Ebola Epidemic (2014-2016)

**West African Ebola Outbreak**

The hemorrhagic fever epidemic initiated in Guinea during December 2013, rapidly expanding into Liberia and Sierra Leone territories, subsequently affecting additional African states including Nigeria and Mali. The pathogen's distinctive features - exceptionally high fatality rates ranging from 25% to 90% depending on strain variants, coupled with direct bodily fluid transmission mechanisms - posed substantial barriers to epidemic control (WHO, 2016).
Contributing deteriorating circumstances encompassed:

- Compromised medical infrastructures weakened by prior armed conflicts
- Cultural funeral ceremonies and ancestral practices that enhanced viral spread
- Insufficient emergency response capabilities and medical equipment
- Population skepticism toward governmental and international intervention efforts

Upon crisis conclusion, the viral outbreak had generated approximately 11,300 fatalities from nearly 28,600 documented infections, establishing itself as the most devastating hemorrhagic fever epidemic in recorded history (UN, 2016).

### 2.2. The Global COVID-19 Health Emergency (2020-Ongoing)

The coronavirus disease outbreak, attributed to the novel SARS-CoV-2 pathogen initially detected in Wuhan, China during late 2019, presented vastly different epidemiological characteristics compared to the Ebola crisis. Distinguishing features included:

- Enhanced contagion potential through respiratory droplets and pre-symptomatic carriers
- Moderate case fatality rates nonetheless capable of saturating healthcare capacities
- Unprecedented velocity of international dissemination reaching every continent within months
- Extensive socioeconomic disruption exacerbated by containment measures and economic shutdowns

At the time of analysis completion, the global health emergency had resulted in excess of 7 million verified fatalities and approximately 770 million officially documented cases, with actual figures presumably higher due to surveillance limitations (WHO, 2021).

## 3. United Nations Ebola Crisis Management

### 3.1. Organizational Framework

Initial international mobilization was characterized as delayed and fragmented. Only following rapid situation deterioration did the UN Security Council approve Resolution 2177 in September 2014, uniquely designating a health emergency as a global security threat (UN Security Council, 2014).
This resolution facilitated the creation of the United Nations Mission for Ebola Emergency Response (UNMEER), representing the organization's inaugural health-focused emergency deployment. The mission's operational framework centered on four fundamental components:

- Viral transmission containment
- Patient care and treatment provision
- Critical public service continuity
- Regional sociopolitical stabilization

### 3.2. Implementation Obstacles and Strategic Modifications

The intervention encountered multiple operational impediments including insufficient inter-agency coordination, rural infrastructure limitations, cross-cultural communication difficulties, and affected population marginalization. UNMEER responded through adaptive, context-specific methodologies, notably incorporating traditional and religious authorities into community engagement initiatives (Moon et al., 2015).

## 4. United Nations COVID-19 Pandemic Response

### 4.1. Operational Approach and Mechanisms

Contrasting with the Ebola intervention model, the coronavirus response prioritized strengthening pre-existing institutional frameworks rather than establishing novel structures. The World Health Organization functioned as the central coordinating body, formally declaring an international health emergency on January 30, 2020, followed by pandemic designation on March 11, 2020 (WHO, 2020).

Primary intervention components comprised:

- Scientific protocol development and global dissemination
- Research coordination for therapeutic, diagnostic, and preventive interventions
- Strategic Preparedness and Response Plan execution
- COVAX initiative implementation for global vaccine equity
- Resource provision to economically constrained nations

### 4.2. Operational Complications and Mitigation Strategies

The pandemic response encountered novel challenges including:

- Political interference in public health decision-making processes
- Information distortion campaigns and public health measure resistance
- Inequitable medical countermeasure distribution patterns
- Simultaneous global crisis management complexity

## 5. Comparative Analysis of UN Interventions

### 5.1. Comparative Table: Ebola versus COVID-19

**Table 1. Comparative Table: Ebola versus COVID-19**

| Analysis Criterion | Ebola Epidemic (2014-2016) | COVID-19 Pandemic (2020-present) |
|---|---|---|
| Nature of the pathogen | Virus with very high mortality and moderate transmissibility | Virus with moderate mortality and very high transmissibility |
| Geographical extent | Regional (West Africa) | Global (all continents) |
| UN intervention structure | Dedicated specialized mission (UNMEER) | Mobilization of existing agencies (WHO, UNICEF, etc.) |
| Speed of reaction | Initially slow, progressively accelerated | Early alert, but uneven international coordination |
| Major challenges | Deficient health infrastructure, stigmatization, traditional practices | Misinformation, politicization, inequalities in access to medical resources |
| Results recorded | Epidemic controlled after approximately two years | Pandemic partially managed, with multiple waves of reinfection |
| Dominant strategy | Geographical isolation and prevention of spread | Strengthening health systems and mass vaccination |

### 5.2. Lessons Learned and Transfer of Experience

The experience accumulated during the Ebola epidemic influenced certain aspects of the response to COVID-19:

- Recognition of the importance of early mobilization of international resources
- Understanding the crucial role of risk communication for the adoption of preventive measures
- Development of intervention protocols and logistic chains for emergency situations

However, the magnitude and specificity of the COVID-19 pandemic required fundamentally different approaches, revealing limitations of previous lessons in the context of a simultaneous global crisis.

### 5.3. Organizational Transformations and Operational Modifications

Both health emergencies catalyzed significant alterations within the international public health governance framework:

- Following the West African Ebola outbreak, the World Health Organization established the Health Emergencies Programme, designed to enhance rapid response capabilities and coordination mechanisms.
- During the coronavirus pandemic, the development of the COVAX facility was expedited to guarantee equitable access to immunizations and essential medical supplies across nations.
- Additionally, regional surveillance networks for disease monitoring were strengthened alongside expanded laboratory testing capacities.

  These developments represent crucial advances toward establishing a more resilient global infrastructure for biological risk prevention and crisis management.

## 6. Implications for Global Public Health System Reform

### 6.1. Structural Vulnerabilities Revealed by Health Crises

Both the hemorrhagic fever epidemic and the coronavirus pandemic exposed fundamental weaknesses within the international health emergency management architecture:

- Unreliable funding mechanisms dependent on voluntary state contributions for international agencies such as WHO.
- Implementation challenges for coordinated interventions due to insufficient political consensus among member states.
- Inadequate numbers of trained specialists capable of conducting large-scale rapid response operations.
- Absence of swift and effective resource mobilization protocols during emergency situations.

### 6.2. Recommended Reform Pathways

Based on comparative analysis findings, the following strategic directions are proposed to strengthen UN capacity for addressing future health emergencies:

1. Establishment of a permanent rapid response system for health emergencies, equipped with stable funding mechanisms and qualified personnel reserves.
2. Enhancement of WHO's regulatory authority and improved enforcement of International Health Regulations provisions.
3. Development of integrated platforms for real-time epidemiological data collection, analysis, and dissemination capabilities.
4. Implementation of binding agreements governing equitable production and distribution of therapeutics and vaccines during crisis situations.
5. Expansion of research and innovation investments to anticipate and rapidly counter pandemic-potential pathogens.

## 7. Conclusions.

The comparative analysis of UN interventions in the case of the Ebola epidemic and the COVID-19 pandemic reveals a significant evolution in the approach to global health crises, but also the persistence of profound structural vulnerabilities. While the creation of UNMEER represented an innovative response to a severe regional crisis, the COVID-19 pandemic demonstrated the limits of the current global health architecture in the face of a planetary-scale threat.

To effectively face future pandemics, which in the context of globalization and climate change are becoming increasingly likely, the United Nations will need to implement profound structural reforms, strengthening multilateral cooperation and the technical capacities of its specialized agencies. The

experiences accumulated in managing these two major crises provide a valuable basis for building a more robust, more equitable, and more efficient system for protecting global health.
Ultimately, the success of these reforms will depend not only on the political will of UN member states but also on the capacity to mobilize adequate resources and to integrate lessons learned into new institutional structures and operational mechanisms.

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