

To Name a New Coronavirus and the Associated Pandemic: International Law and Politics

Kennedy Gastorn*

Abstract

The history of disease and pandemics reveals that the naming of a pandemic on the basis of its first incidence in a particular geographic region has led to stigmatization of persons and other harmful effects on the economy and people. In such a situation of crisis in order to avoid prejudice and detract resources from solutions it is of utmost importance that the scientific and medical community follows the guidelines of the WHO in respect of naming of the Pandemic. The World Health Organization (WHO) Best Practices for the Naming of New Human Infectious Diseases, 2015 provides guidelines on the selection of a nomenclature for a Pandemic by the WHO. The guidelines have a stated objective to contain the effects of the Pandemic and restrict it from having a deleterious effect on trade, investment, animal welfare and avoid causing offence to persons. This article engages with the process of the naming of a pandemic in the context of the COVID-19 Pandemic in light of the prevalent norms of international law and practice.

1. Introduction

The COVID-19 pandemic has so far infected millions and killed several hundred thousand globally. The full extent of its impact on global economy, governance structures and livelihood of persons is unprecedented and huge but not fully known. COVID-19 has also exacerbated theories about a pandemic, including on its naming. At the level of international law, this piece seeks to shed light on the rules that govern the naming of a virus and its associated pandemic.

The World Health Organization (WHO), established under Article 57 of the UN Charter, is the only specialized agency of the UN responsible for international public health. Article 1 of the Constitution of the WHO lays that the objective of organization “shall be the attainment by all peoples of the highest possible level of health”. In such a scenario an enquiry into the standards under international law in regulating the naming of the pandemic seems a somewhat marginal exercise. However, COVID-19 has a major impact on the ability of nation States to cooperate and actively work together in collective action to counter and contain the effects of the pandemic in all forms, including its naming.

* Secretary-General, Asian-African Legal Consultative Organization (AALCO). The views expressed in this paper are purely personal and do not constitute legal advice. This paper was first published in the Chinese Journal of International Law Volume 19, 2020.

2. The naming of a virus and the associated pandemic

Article 2 of the Constitution lists twenty-two functions of the Organization which, given the size and scale of the COVID-19 pandemic, almost all seem relevant to the impact of the disease. With respect to the naming of the virus, the organization has power “to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices”.

Towards this end, in May 2015 the WHO issued the “World Health Organization Best Practices for the Naming of New Human Infectious Diseases”.¹ The Best Practices guidelines aim “to minimize unnecessary negative impact of disease names on trade, travel, tourism or animal welfare, and avoid causing offence to any cultural, social, national, regional, professional or ethnic groups”.

While the WHO recognizes its responsibility as stated in the Constitution for nomenclature of diseases, it has also been mindful of its functions to co-ordinate with other UN Specialized Agencies and scientific and technical groups. Accordingly, the guidelines were issued in consultation and collaboration with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO) it also recognized “existing international system and bodies are responsible for taxonomy and nomenclature of pathogens” and stated that they are not directly affected by these best practices.

The guidelines lay down the following important principles that consist of a combination of terms as provided in the principles:

- (a) Generic descriptive terms. The guidelines state that such a term would be particularly useful when there exists a paucity of available information. It generally refers to the symptoms of the disease as can be inferred from the examples provided such as ‘respiratory disease, hepatitis, and neurologic syndrome’.
- (b) Specific descriptive terms. The guidelines state that such a term should be used whenever the available information is considered sufficiently robust that vast changes to the epidemiology or clinical picture are unlikely to occur. The guidelines also state that plain terms are preferred over highly technical terms.
- (c) Causative pathogen. The guidelines state that if the pathogen is known it should not be directly equated with the disease as it may cause more than one.

¹ <https://apps.who.int/iris/bitstream/handle/10665/163636/WHO_HSE_FOS_15.1_eng.pdf?sequence=1>