

# Regulating COVID-19: What lessons can be learned from the handling of the 2009 swine flu pandemic by the EU and the WHO?



*Given the unprecedented response of governments across the world to COVID-19, what lessons can be learned from the last pandemic to hit the world in 2009? [Esther Versluis](#) explains that a notable problem with the WHO's response to the swine flu pandemic was that it downplayed the uncertain nature of information during the outbreak, prompting criticism of its advice. However, while the WHO appears to have learned from this mistake with COVID-19, we may well be in a worse position overall, with populism prompting even less trust in science and expertise, and fake news flourishing on social media.*

On 15 April, 2009, a new influenza A virus was first detected in California. About a week later Mexico confirmed 120 infected cases and 20 deaths, and within three months 120 countries all around the world were affected. This pandemic, referred to as the swine flu or H1N1 pandemic, lasted a little over a year, officially ending on 10 August 2010. The H1N1 pandemic [affected](#) worldwide 214 countries, causing 18,449 deaths.

This brief summary of the swine flu pandemic ten years ago rings a bell. The current Coronavirus disease, or COVID-19, was first reported on 31 December 2019 in Wuhan, China. On 13 March 2020, [the WHO indicated](#) that the number of infected cases surpassed 125,000, leading to over 4,600 deaths. How this recent pandemic will end, compared to the previous swine flu, is unpredictable. What we do know is that governmental responses have been much faster and heavier compared to ten years ago. Decisions to lock down entire regions in China and Italy, for example, are unprecedented. As is the decision by president Trump to ban all incoming travel from the EU. In 2009, the European Union advised against unessential travel to the US or Mexico, but no real drastic restrictions were put in place.

Based on [our analysis](#) of the handling of the 2009 swine flu pandemic, what lessons can be learned for the current situation with the Coronavirus? Comparing how the EU and the WHO differently handled the 2009 pandemic, we concluded that particularly the WHO was to a large extent denying the uncertainty surrounding the pandemic in order to actively promote its own policy-agenda of taking strong measures. Alternatively, the EU agency in charge of information provision about diseases – the European Centre for Disease Prevention and Control (ECDC) – was very strong in communicating clearly and openly about all uncertainties.



**UN Secretary-General António Guterres with Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, in February 2020, Credit: [UN Geneva](#) (CC BY-NC-ND 2.0)**

Document analysis of official ECDC and WHO documents revealed that the WHO mostly provided very prescriptive policy guidance, hardly providing any “[uncertainty information](#)”. In hindsight, this led to [harsh criticism](#) of the WHO, as the organisation was seen to have regularly overstated the pandemic’s expected outcome. In other words, the WHO portrayed uncertainty-intolerant behaviour by back-staging the relevant information which would allow national decision-makers to reflect on uncertainty and the consequences for policy-making, thus providing room for a politicisation of uncertainty.

In rather sharp contrast, our analysis of ECDC documents revealed an entirely different approach. The ECDC presented a menu of possible public health measures that could be adopted by national policy-makers. The EU agency [stressed](#), for example, that there are ‘more gaps than certainties... (and) significant holes in our knowledge’ and ‘[t]he evidence base for the use of the measures against influenza is limited and primarily comprises anecdotal observations...’. When providing policy advice, the ECDC clearly stated what was known and unknown as well as how much evidence was available.

The variation in national responses to this almost opposing behaviour of different international organisations was intriguing. While overall the information provision by the EU agency was much preferred over the WHO input, different countries also demonstrated difficulties in dealing with this uncertain information. Within the EU, where health remains a national competence, there were diverging responses, for example with the reserved attitude of Poland on the one side, and the pro-active and far-reaching measures by the UK and France on the other side. Authorities in different countries arrived at different policy recommendations, while basing their decisions on the same international scientific data.

In response to the diversity of information, countries resorted to their traditional national way of handling things. This might not be too surprising if we take into consideration that there is strong variation between individual, but also country-level responses to uncertainty. We know from cognitive psychology that individuals, and societies, score differently on the ‘uncertainty intolerance’ scale, thus showing different reactions when confronted with uncertain information. In such situations, people tend to follow their initial perceptions, and new evidence will particularly be perceived as reliable and legitimate – and will only be readily accepted and integrated – when it is in line with one’s own initial belief. This leads to a form of biased assimilation, the act of people screening information in a biased way, consistent with their own prior beliefs and predispositions.

This analysis of the 2009 swine flu pandemic reveals how in the handling of globalised policy problems the provision of information about uncertainty is crucial and needs to become standard practice, in order to keep institutions like the WHO and ECDC from becoming politicised. Uncertainty is ingrained in pandemics such as COVID-19. This implies that we need experts to be open about the ‘knowns’, ‘known unknowns’ and ‘unknown unknowns’, after which politicians need to provide policy solutions.

However, pandemics such as swine flu and COVID-19 demonstrate that the wide variety in national responses can increase the uncertainty about scientific expertise, leading to a situation in which science easily becomes disputed. In such a situation, from an academic perspective, it becomes even more crucial to pluralise expertise and ‘frontstage’ uncertainty, and thus openly acknowledge that expertise is never objective but is based on uncertainties and predispositions. Without explicitly addressing this there is room for politicisation of not only uncertainty, but of certainties as well, creating room for distrusting and ignoring well established scientific facts and insights.

However, this academic observation about the necessity of a more explicit and mature handling of uncertainty seems to remain this – an academic observation. Exploring how the coronavirus pandemic is currently handled around the globe, we unfortunately might reach the conclusion that this academic ideal is far from reality. The WHO seems to have learned from the criticism of its handling of the 2009 swine flu pandemic.

This time round, there is much more explicit uncertainty information available on the WHO’s website, openly discussing the unknowns and uncertainties. And with health being a national competence of the EU member states it is relatively easy to blame the EU for lacking a more forceful common approach. However, the member states do not allow this. The ECDC at large does what it did during the previous pandemic: ensure that all national authorities have access to their information, after which it is up to the national governments to decide how to interpret and apply this.

Compared to where we were ten years ago, we might actually have moved further away from the ideal scenario as to how to handle pandemics. Although nothing new or very recent, we can state that increasing populism has led to even less trust in science and expertise, and fake news is flourishing even more on social media compared to ten years ago. Globalised disease traveling requires globalised policy efforts, but the reactions to the previous swine flu pandemic, as well as the current coronavirus pandemic, illustrate that such a globalised policy effort is far from reality. Compared to the 2009 swine flu pandemic, there is a much more open provision of uncertainty information, but it remains an open question to what extent both public and governments are sufficiently capable of handling such uncertainty.

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*Note: This article gives the views of the author, not the position of EUROPP – European Politics and Policy or the London School of Economics.*

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