

**The Role of “Translation” in Confirming
the Authority of WHO in the Global Health
Scene at the time of COVID-19: An Actor-
Network Approach**

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Abstract:

This study examines the critical role of translation and interpretation services within the World Health Organization during the COVID-19 pandemic. While these language services function as technical support, they significantly influence global health governance, policy formation, and public opinion—particularly during health crises. The WHO operates in six official UN languages under multilingualism policies to ensure equitable access to health information globally.

This research employs Actor-Network Theory (ANT) to analyze translation and interpretation not merely as subordinate activities but as both structures and actors within the WHO's complex network. By examining these language services through the ANT framework, we can understand how translation transforms information rather than simply transmitting it, creating "arrays of connections" through which knowledge travels.

The study focuses specifically on Arabic-English translations of statements by the Regional Director of the Eastern Mediterranean Region (WHO EMRO) delivered in press conferences (physical and virtual) during the pandemic. Data collected from official WHO EMRO platforms (2019-2021) reveals how translation processes have shaped the organization's self-presentation as the authoritative voice on global health during periods of heightened uncertainty.

The research investigates how translators and interpreters navigate technical innovations, complex scientific concepts, and institutional dynamics. It critically examines the WHO's narrative of "seamless production of knowledge" across languages, analyzing how translation influences the flow of health information, shapes policy implementation, and impacts public perception during one of the most intricate global health emergencies of modern history.

الملخص:

تبحث هذه الدراسة الدور الحاسم لخدمات الترجمة التحريرية والفورية في منظمة الصحة العالمية خلال جائحة كوفيد-19. وبينما تصنف هذه الخدمات اللغوية على أنها من خدمات الدعم الفني، فإنها تؤثر بشكل كبير على حوكمة الصحة العالمية، وصياغة السياسات، وتوجيه الرأي العام -خاصة أثناء الأزمات الصحية. وبناءً على سياسة التعددية اللغوية، لدى الأمم المتحدة ووكالاتها المتخصصة ست لغات رسمية، وتهدف هذه التعددية إلى تحقيق الاتصال والتواصل والمشاركة الفعالة في عملها، وتكفل في حالة منظمة الصحة العالمية الوصول العادل إلى المعلومات الصحية عالمياً.

يستخدم هذا البحث نظرية شبكة الفاعلين (Actor Network Theory (ANT)) لتحليل الترجمة التحريرية والفورية ودراستهما باعتبارهما تركيبة من البنى والشبكات الفاعلة داخل منظومة منظمة الصحة العالمية المعقدة. ومن خلال دراسة هذه الخدمات اللغوية عبر إطار نظرية شبكة الفاعلين، يمكننا فهم دور الترجمة في تحويل المعلومات بدلاً من مجرد نقلها، مما ينشئ "مصفوفات من الروابط" تنتقل عبرها المعرفة.

وتركز الدراسة بشكل خاص على ترجمات بيانات المدير الإقليمي لإقليم شرق المتوسط التابع لمنظمة الصحة العالمية التي قدمها في المؤتمرات الصحفية الافتراضية والحضورية خلال الجائحة. وتكشف البيانات التي حصرها البحث من موقع المكتب الإقليمي الرسمي للمنظمة (في الفترة ما بين عام ٢٠١٩ و٢٠٢١) عن دور الترجمة

في تصدير المنظمة باعتبارها المرجع الأساسي فيما يتعلق بجميع شؤون الصحة العالمية ولا سيما خلال فترات الارتباك وعدم اليقين التي صاحبت الجائحة. ويتناول البحث كيفية تعامل المترجمين التحريريين والفوريين مع الابتكارات التقنية والمفاهيم العلمية المعقدة والديناميكيات المؤسسية. كما يفحص بشكل نقدي سرديّة منظمة الصحة العالمية حول "الإنتاج السلس للمعرفة" عبر اللغات، ويحلل دور الترجمة في تدفق المعلومات الصحية وتنفيذ السياسات ودورها في توجيه الرأي العام خلال واحدة من أعقد حالات الطوارئ الصحية التي شهدها العصر الحديث.

Translation and interpretation at the United Nations (UN) and its specialist agencies are technical/ support services. However, they play a key role in informing and influencing world politics/ policies and in informing public opinion on some issues. The World Health Organization (WHO) is the UN agency mandated with addressing health needs of member states and operates using the six UN official languages.¹ As is the case with other UN agencies, interpretation and translation are considered to be support services, and are conducted under the umbrella of policies on multilingualism – the overarching approach to languages in the UN system. In the case of WHO, language services not only serve the purposes of internal member state communication, but are offered to “ensure that health information reaches the people who need it in the languages they can understand. This makes access to

¹ English, French, Spanish, Russian, Chinese, and Arabic.

health information both more equitable and more effective.”² In that sense, the WHO and its regional offices are globally established as a key player in governing global health. On a large scale, the WHO HQ, Regional Offices, Country Offices, and Collaborating Centers are associated networks operating to consolidate the technical mandate of the whole organization despite the politically thick contexts in which it operates globally and regionally.³ Thus, being an intergovernmental agency, the WHO can be seen as an actant with an intricate network of actors: governmental, academic, social, political, economic, technological etc. Among the various explicit purposes for this multilingualism being the authoritative voice on global health issues is not listed. Nonetheless, this is one of the key outcomes that the WHO attempted to achieve as seen during the COVID-19 pandemic, with its overarching worldwide impact. Further zooming on COVID-19-focused media and outreach activities by the WHO, in which translation and interpretation activities are embedded, shows that WHO presented itself to the world as the leading authority on the topic. This strategic approach sought to solidify the intergovernmental organization's position as the primary institution for not only aiding member states in developing health policies during emergencies, but also for

²For more information on multilingualism in the WHO, see:

<https://www.who.int/about/policies/multilingualism#:~:text=WHO's%20six%20official%20languages%20%2D%20Arabic,multilingualism%20into%20a%20WHO%20policy>

³ See for instance the brief description of the role of the WHO by the UN Evaluation Group: <https://www.unevaluation.org/about/memberagencies/detail/39>

communicating effectively with the public to build trust and establish itself as a reliable source of information amidst heightened uncertainty. Thus, this essay focuses on outreach and media products by the WHO publicly available on their website or social media platforms concerning COVID-19 to undertake a “re-composition” (Latour, 2005, p. 260) of the content of “power” as exercised by the WHO Regions in leading the world with respect to major health issues.

In this complex milieu, it could be argued that the wide outreach and international nature give language services a significant weight because they directly contribute to the organization’s visibility and image. This essay focuses on the Eastern Mediterranean Region (WHO EMRO) where information circulates in English, Arabic, and French, the most prevalent languages in the countries of the Region. Linguistic activities have a formal presence; organizationally, language services in this Office, i.e. translation, editing, and interpretation, are the responsibility of the “Translation and Interpretation Services” – directly reporting to the Chef de Cabinet’s office⁴ – who could be described as gatekeeper of language related activities across the WHO EMRO. This Office is also responsible for the outsourcing of freelance interpreters for all meetings that require interpretation – and at times liaises with HQ or other regional offices for co-

⁴ The organizational chart of the WHO EMRO: <https://applications.emro.who.int/docs/9789290223467-Annex1-eng.pdf>

arranging the provision of interpretation services. Virtually, WHO's representation and presence on social media platforms and the organization's website is another significant network of actors where the non-human contributes to shaping and informing the way organizational messages and knowledge circulate. As such, web material is freely available to the public and reflect a significant part of the Organization's activities and positions. Products dedicated to communities and media – local, regional, and international – are among the particularly interactive events across the WHO as they are meant to engage a wide variety of audiences and to establish its position as a reliable authority on health.⁵ They are selected for analysis because they involve multiple components that can be said to form a distinctive network of actors. They are among the key constituents of WHO work showcased on their websites and are categorized under the Media Center,⁶ which has a presence either through programs or officers dedicated to managing communication and media products both physical and virtual. The Media Center and Language services functions include monitoring the circulation of the Regional Director's statements and messages, managing social media platforms (Facebook, X (formerly Twitter) and Youtube), organizing press briefing sessions either physically or virtually or

⁵ Overview of the WHO Regions and offices: <https://www.who.int/about/who-we-are/regional-offices>

⁶ For more information about the media center and its functions, see: <https://www.emro.who.int/media/about/>

in hybrid mode, requesting interpretation/ translation services, sending invitations to press outlets, and managing organizational news, to name only the major activities – which could involve collaboration among more than one department. In each of these elements both the human and the technological interact in a very intricate manner for the purpose of consolidating the position of the organization – represented by the Regional Offices – as an authority in the field of health. Actor-Network Theory (ANT) is drawn upon to describe the underlying networks of the communication and community outreach by WHO regional offices, specifically in the Eastern Mediterranean Region, during the first three years of the Pandemic. This descriptive exercise of exploring the associations among different actors in the WHO EMRO media and communications program – which evolved during the period of the Pandemic – further focuses on the component of interlingual translation and interpretation activities to investigate the position of translation and interpretation activities within the network of different actors and its role in supporting and/or promoting the influential voice of WHO on health matters.

Data selection, limitations, and scope of the study

Being the custodian of global health data, the WHO plays a normative role. Moreover, research and outreach are indispensable for the organization to achieve its mandate of overcoming health challenges around the world and setting health policies. Though

the WHO celebrated its 75th anniversary in April 2023 and despite the broad spectrum of human health topics – some of which are even crosscutting with animal and environmental health – addressed over this long history of action, it could be argued that WHO became particularly visible to the public in many local communities during the Pandemic. Since the early stages of the 2019-2020 outbreak of the virus in Wuhan, China, the WHO HQ and the Regional Offices immediately engaged with the situation. Just like other offices, the WHO Eastern Mediterranean Regional Office (WHO EMRO) (supporting all Arab states, Iran, Pakistan, and Afghanistan) played an important role in this part of the world in delineating the profile of the pathogen and in delimiting the policies, research, guidelines for dealing with it. WHO EMRO activities and products are particularly selected because they involve interlingual translation and interpretation components involving Arabic, English and French, and as they were not previously subjected to actor-network analysis. This research, thus, focuses on the associations and transactions as presented to audiences and stakeholders worldwide on this global health crisis whose repercussions continued for almost three years and where translation and interpretation are essential for the traffic of information, policies, and communication with the public. The WHO engaged with the Pandemic in many diverse forms including the participation in and production of scientific research, the issuance of guidelines and standards for the protection of communities and healthcare professionals, the debates

surrounding the production and introduction of COVID-19 vaccines, the expert support provided to governments for boosting preparedness and resilience of healthcare systems, and the offering of policy guidance and advice. Media briefings are particularly selected because they represent the explicit form of communicating beyond the healthcare professionals, health officials, and scientists and experts. They are addressed to the public: primarily reporters and journalists from different media outlets (paper, audiovisual, and online) and to the community at large. They are an embodiment of the ANT view of knowledge as: “heterogeneous bits and pieces ... that would like to make off on their own [but] juxtaposed into a patterned network which overcomes their resistance” (Law, 1992, p. 381). Also, their analysis shows that they “seem to become “macrosocial” [and] generate the effects such as power, fame, size, scope, or organization...” (Law, 1992, p. 380). This essay examines the heterogeneous components of the entity designated as media briefings, with particular emphasis on the opening statements made by the Regional Director (RD) to reflect on two questions: (1) how were the media briefings on COVID-19 an “*actor* in a *concatenation* of actors instead of a *cause* followed by a *string* of intermediaries” (Latour, 2005, p. 107), in other words, how were they translational activities, both in the “representative” sense (Callon, 1986; Law & Callon, 1997) and in the “transformational” sense of the term (Latour, 2005)? And (2) how does the network

of translation and interpretation actors crosscut with the technical and scientific mandate of the organization in ways that ensure stabilization of its role as a leading voice on health?

The essay examines the corpus of statements made by the Regional Director (RD) of WHO EMRO and the associated press conferences or media briefings where such statements were delivered during the peak years of the Pandemic (2020-2022). As the risk of COVID-19 abated, its news is no longer frontpage material. Material on the topic is currently archived on the organization's website under the tab titled "Health topics",⁷ where health topics of concern to the region are listed in alphabetical order. Under this tab, all COVID-19-related material are organized. The subsection of "News and media updates" is the tab that covers the Pandemic news communicated to the media whether connected to meetings organized for the press or in the form of written news articles. However, the news communicated in the RD statements and by other experts during briefings held on the issue could be said to have had a different impact on the audience as the updates on the Pandemic are given a face. Compared to other forms of media and information products that also have outreach purposes, live briefings are more agentic in the sense that speakers including the RD and the experts/ officers are present and speak to the public/ audience, adding an interactive

⁷ For more on WHO coverage of COVID-19, see: The <https://www.emro.who.int/health-topics/corona-virus/index.html>

dimension to the communication. These briefings are also streamed live and their recordings are archived on the WHO EMRO Youtube channel, Facebook and X (formerly Twitter).

ANT a Method and an Approach

The work of the WHO/EMRO on addressing global health issues, specifically COVID-19 pandemic, benefits from being analyzed using the Actor-Network Theory (ANT) framework, which enables the disaggregation of the different actors in the process and allows a good understanding of the shifting associations among the various elements (human and otherwise). ANT is also relevant in analysing this part of WHO EMRO work because translational activity is at play both metaphorically and linguistically. In their media and community outreach work on COVID-19, the social, technical, and textual are juxtaposed and “translated” to the receiving audience. The historical moment of the COVID-19 was a moment that disrupted several fixed assumptions by individuals and collectives; but for the purposes of this research, the focus will be on the disruption of assumptions about individual health and health systems. Observing the extensive activity by WHO EMRO during the years 2020-2022 on COVID-19, shows that the Organization established its authority before the international community and the local communities of the member states as a key “representative” voice on the new and evolving standards for resilience in the field of health in general and on the management of COVID-19 socially, medically, and

politically as a pandemic, in particular. This representativeness was negotiated using different means; one of which were the translation and interpretation services – that are naturally part of the fabric of the organization but were renegotiated with the outbreak of the pandemic. This research does not focus on translation/ interpretation as a network within the organization per se, but rather examines the association between language services and the stabilization of the identity of the organization as a spokesperson on health and medical issues in member countries. It is an attempt to retrace the evolution of the media briefings by WHO EMRO and some part of the production of knowledge about COVID-19. ANT is utilized to provide a construction of a part of the network of relationships in which the WHO EMRO network of actors contributes to the organization's authoritative voice on health during the years of the Pandemic.

For the purposes of the analysis, the research traces an organizational actor through its construction, deconstruction, and reconstruction of the nature of this lethal pandemic; and where relevant, the analysis engages the role of other actors in consolidating the representativeness of this actor. This actor is both the collective, i.e. the WHO EMRO (media briefings on COVID-19) and individual, as condensed in the person of the former Regional Director of the WHO EMRO (Dr. Ahmad al Manthari). His opening and closing remarks delivered during the media briefings set the tone for the rest of each event and are mainly engaged by other experts in the organization, the media,

and community members across social media and otherwise in all the discussions related to COVID-19 and its waves. Thus, the analysis attempts to open the “black-box” of apparently smooth and seamless interactions between WHO EMRO and communities, where the media briefings act as a “spokesperson” who acts as the “visible face or audible voice of the actor-network” (Bencherki, 2017, p. 3). However, it is noteworthy that this spokesperson is also a “network of heterogenous elements” (Latour, 1988, as cited in Callon & Law, 1997). In other words, it is a collective of organizational policies and strategies, scientific community, communications with government officials and ministries of health, development of diagnostic and treatment protocols, approval of vaccines, media relations (with both conventional and social media), media presence managed by the organization on social media platforms, interlingual translation and interpretation, and in the case of COVID-19 the surge in the use of communication technologies and the Internet space, on the one hand. On the other, the spokesperson is also an individual in the literal sense of the word, spokesperson, as represented by the Regional Director himself who leads the media briefings, in terms of topics discussed and organizational orientation and policies. This simplified account of the media briefings as actor-network does not suggest the reduction of action in WHO EMRO concerning the pandemic into simplistic networks of cause and effect. The briefings and the statements by the RD and WHO

experts are accounted for as “mediators” that do not simply “transport” action to other actors; they rather make other actors do. In this sense, “‘Making do’ is not the same thing as ‘causing’ or ‘doing’: there exists at the heart of it a duplication, a dislocation, a translation that modifies at once the whole argument” (Latour, 2005, p. 217). This “translation” entails that other actor-networks are triggered to do or act in unpredictable ways. As such, when reporters attended the media briefings, when community members attended these briefings virtually, when any random member of the public visits the social media platform where EMRO is active, many potential directions of action were possible based on the communication disseminated during the media briefing. This is confirmed by the adjustment and adaptation of the messages sent during these media briefings as will be seen in the analysis. “So, an actor-network is what is made to act by a large star-shaped web of mediators flowing in and out of it. It is made to exist by its many ties: attachments are first, actors are second” (Latour, 2005, p. 217). The WHO EMRO media briefings are “translated” actions as they emerge in response to and as an engagement with the COVID-19 crisis; and they “translate” action across the attachments they have with other networks within the organization itself, and external networks such as investigative media and communities. Moreover, “action is both a relay and it is unpredictable”, which makes it dynamic and variable: “This means that action cannot be explained, in a reductionist manner, as a firm consequence of any particular previous action” (Callon

& Law, 1997, p. 179). Such associations did not have predictable outcomes, and could have had different potentialities in terms of regulations, healthcare systems, vaccine development, ways of managing pandemics, and the economics of health decisions – among many other networks in society. “The inventive step implied by each and every act of connection is the fundamental unit of analysis for ANT, and it implies movement, distortion, and metamorphosis” (Lezaun, 2017, p. 308).

In line with the foregoing acknowledgment that the ““social” is materially heterogeneous” (Callon & Law, 1997, p. 167), ANT offers insights on the role of the “non-human” in accounting for the associations and transformations in which they are involved. This is very relevant to the analysis when the role of technology in influencing the delivery of translation and interpretation services is examined in the context of WHO EMRO media briefings. In most non-ANT analyses, “materials become resources or constraints; they are said to be passive; to be active only when they are mobilized by flesh and blood actors” (Callon & Law, 1997, p. 168). However, “non-humans intervene actively to push action in unexpected direction” and influence other actors (Callon & Law, 1997, p. 178). Latour explains at length different ways in which objects become “visible” actors through juxtaposing their association with other actors. He calls upon the researcher/ sociologist to invent tricks “*to make them talk*, that is, to offer descriptions of themselves, to produce scripts of what they

are making others—humans or non-humans—do” (Latour, 2005, p. 79). Some of the “tricks” he offers are relevant to understanding the position of non-human entities in transforming other actors during the time of COVID-19 in general, and in relation to WHO EMRO media briefings at the time, in particular. This research claims that one of the main non-human entities that was a game changer – not only for WHO – but for many other organizations is the extensive use of social media platforms, video communication platforms, and the presence on the Internet in general. One main actor-network is of particular importance when addressing the associations with media briefings, namely that of live streaming of the events and their (simultaneous) interpretation into English/Arabic. Latour’s lens can provide interesting insights into how such technologies became active agents involved in transforming the communication capacities of WHO EMRO – and many other organizations for that matter. Also, how did the development of this technology influence the ways in which interpreters worked and engaged with assignments. When were the moments when the agency of such entities became so obvious before they were black-boxed? One of the indisputable facts about COVID-19 is that it forced long stretches of lock-down diligently observed by governments and societies – though with varying degrees of strictness. However, as it became obvious that the situation could extend for years, organizations had to think of solutions to ensure business continuity and one of the issues for continuity was to resume the meetings held with colleagues in the organization and

with other stakeholders in other organizations. This was obviously only possible using internet-based remote communication technologies. Although video-conferencing existed prior to the COVID-19 crisis, it could be said that this technology was re-discovered. If we take the example of simultaneous interpretation, which is part of the regular activities of the United Nations bodies, we see that during the few years preceding the outbreak of the Pandemic there were attempts by different remote simultaneous interpretation platforms⁸ to convince chief interpreters and language divisions of the advantages of holding meetings virtually and remotely. In the heat of the Pandemic, and even during the early days, organizations and communities tried to resume their business with a semblance of normalcy. This situation reminds of proposal made by Latour concerning the instances/ times when non-human entities become visible agents: “[E]ven the most routine, traditional, and silent implements stop being taken for granted when they are approached by users rendered ignorant and clumsy by distance –... distance in skills as in learning” (Latour, 2005, p. 80). This is exactly what happened with video-conferencing technologies, which many directors and decision makers in institutions and organizations were so reluctant to adopt,

⁸ In September 2018, the author attended a closed session held in Cairo Egypt, for the interpreters’ community, organized by AIIC, that discussed remote interpreting platforms, solutions, quality standards, legal aspects. The session was titled “Remote Simultaneous Interpreting: The Present and the Future”. The speaker, who is a seasoned interpreter himself, was mainly focused on introducing the concept to Egyptian interpreters, most of whom have not been involved in this nexus between interpretation and the internet at the time.

if not resistant to accept as a viable means for getting tasks done given restrictions on movement. “Although those associations might not trace an innovation per se, the same situation of novelty is produced, for the analyst at least, by the irruption into the normal course of action of strange, exotic, archaic, or mysterious implements” (Latour, 2005, p. 80). This was indeed the case; the association between the media briefings and the technology that enabled these briefings to be held was not new. The novelty was mainly in the mainstreaming of this tool of communication and the rapid development of the platforms available commercially for organizations to choose from.⁹ “In those encounters, objects become mediators, at least for a while, before soon disappearing again through know-how, habituation, or disuse” (Latour, 2005, p. 80). Indeed, this is what is happening currently: virtual meetings, remote simultaneous interpreting, video-conferencing are now habitual formats for meetings that have become an integral part of the work of WHO EMRO and media briefings, in particular. The black-boxed face of the WHO EMRO that manifested itself in the form of the website and some kind of social media presence was

⁹ See for example the boom of the video conferencing technology by one of the major applications worldwide, Zoom, which adapted their services provided sometimes within one month. They were open to proposals from users about the number of participants allowed in one meeting, the feature of simultaneous interpretation (which strongly competed with other platforms dedicated to remote interpretation offered by language solution providers such as Interprefy or Interprenet – primarily in terms of cost). To date, they are the preferred platform for hybrid or virtual meetings held in WHO EMRO.

shaken – even if momentarily – by the new associations between Pandemic, the Organization, and communication strategies.

Discussion and Results

The linkages between WHO EMRO, the medical/ health messages to communities during the Pandemic, and action on the ground in societies take a different turn during the times of COVID-19. Media briefings capture the process of translation as expressed by ANT and the attempt by the Regional Office to assert authority: the whole chain is represented, at one end communities/ societies/populations of member countries, at the other the strictly technical mandate of the WHO EMRO as a custodian of health and medical concerns. In the middle, there are the agencies that provide actual statistics on deaths, infection rates, diagnosed cases, isolation measures, preparedness, protection, vaccination and so on; public authorities that regulate people and societies according to technical advice translated from such statistics. However, the different move achieved by the media briefings was taking the translation of technical guidelines, advice, and studies conducted by the intergovernmental organization to governments and states, which led to the translation of these associations to the public. Although COVID-19 is not a completely new pathogen – as it belongs to the family of the respiratory coronaviruses, one of which is even named after the region (MERS)¹⁰ – the death toll

¹⁰ Middle East Respiratory Syndrome.

and speed of transmission created a need among governments to control the behavior of their populations until the depths of this situation were fathomed. WHO at large – WHO EMRO in particular – felt the need to protect their turf as the expert technical voice on global, regional – if not local – health matters. This meant that the situation had to be translated to other agents, namely to media reporters who in turn are able to reach wider audiences through their own outlets both physical and virtual.

For the purposes of analysis, the research examines the opening statements given by the Regional Director (RD) of WHO EMRO for media briefings to glean the stages of sociological translation leading to the confirmation of the Organizations' uncontended authority over health in the Region. Regardless of the position of the WHO as an organization or the Regional Director prior to the moment of COVID-19, the one-hour media briefing led by the RD regularly for almost three years, is the primary actor in the influence of WHO EMRO on the public regarding the Pandemic. These statements were written prior the briefing and read verbatim at the opening of the events. They were also “interpreted” by interpreters – but were read as they were translated in writing by the Language Services and shared with interpreters prior to the event. Following the lines of Callon (1986), throughout, media briefings and their WHO experts shape the problem and “establish themselves an obligatory passage point in the network of relationships they were building” (p. 59). The process of translation exercised by the media briefings starts from

the very early stages when COVID-19 became a “social” pathogen, i.e. when people realized that it is not confined within the walls of medical institutions, ministries of health, and WHO, but rather a pathogen that can have a debilitating effect on one’s health and has severe socio-economic implications. From the very beginning, WHO EMRO defined itself translationally by transforming the decades of expertise on health issues to an image of itself as a key – if not the sole – player in deciding the direction of action vis-à-vis the novel coronavirus – the provisional name given to COVID-19. Thus, starting from the first media briefing on record, the RD affirms that WHO EMRO is the go-to organization because “We have the required expertise, capacities and tools to contain this outbreak” (3 March 2020). Not only does WHO EMRO has the expertise, but also it has the power to classify this situation: initially, it was an “outbreak”, but by 12 March 2020, “the World Health Organization stated that the outbreak of COVID-19 “can be characterized as a pandemic.” “This is the first pandemic caused by a coronavirus.” (12 March 2020). The virus was only one part of the problematization (to use Callon’s terms) (1986); the other part was related to way to deal with it, which was an arena for contestation and controversy, especially before the mechanism of transmission and the possible efficacious treatments were understood. Thus, throughout the three years between 2020 and 2022, one of the main actions that WHO EMRO insisted that it was in charge of was that of “control”. Actors were constantly

reminded in the media briefings that WHO and WHO EMRO, for the Eastern Mediterranean Region, are the ones who “know” what the problem is and the best way to deal with it – namely, through preparedness and control. Throughout the media briefings actors were reminded of “control measures” (12 March 2020); that “transmission can be controlled”, of “controlling and reducing transmission”, of “prevention and control measures” (2 April 2020); of “infection and prevention control (IPC)” (27 January 2021); and that “[t]he tools that we have to control COVID-19 work, and they work better when used together” (27 April 2021). This action of “control” is “translated” into infection and prevention control (dubbed by WHO as IPC) policies, strategies, programs, and practices at the national and subnational levels. Thus, the other actors engaged were led to define their practices and actions based on the identification and characterization of the problem and its anticipated solutions as expressed in the media briefings.

Also, from the outset, the organization’s power vis-à-vis identifying and defining member countries needs and measures that must be taken is confirmed.

We continue to support all countries in enhancing surveillance for disease detection and reporting systems, including at points of entry; scaling-up laboratory capacities; training rapid response teams; improving infection prevention and control; ensuring

hospitals are prepared; raising community awareness; and providing essential supplies (3 March 2020).

This early statement of what the WHO EMRO is capable of doing describes associations with other actors and defines their roles in this prolonged emergency situation. The main actors that are engaged are (a) ministries of health and all government authorities influenced by or influencing health-related decisions, (b) the media reporters who write health news and reports, and (c) local communities (despite the broadness of this grouping). “To interest other actors is to build devices which can be placed between them and all other entities who want to define their identities otherwise” (Callon, 1986, p. 63).¹¹ There are many entities that compete over the characterization of COVID-19 and that can lead to different other potential associations with actors and their roles. There are a number of obstacles, other actors, that can weaken the identification of their role as envisaged by WHO EMRO; for instance, budgeting mechanisms – both in private and public institutions – which could undermine all the “translations” of IPC measures into “surveillance”, genomic sequencing and PCR tests, training, and provision of supplies. With respect to media and local communities, other powerful and influential sources of information pose as a great threat to the credibility of the WHO authority regarding preventive practices, true facts about the virus

¹¹ Here the reference is to *interessement*

and its transmission, but also with respect to leading the media to promote and communities to accept the ultimate translation of “control measures”, i.e. the vaccines, as a key feature of the actors’ identity. So, what are the “devices” of *interessement* that are built by WHO EMRO media briefings to create a “favorable balance of power”, to “corner the entities to be enrolled. ... to interrupt all potential competing associations and to construct a system of alliances” (Callon, 1986, p. 65). Two devices are deployed throughout media briefings: (a) consistently invoking data on the virus as collected from member countries and globally; and (b) the use of translation/ interpretation services to ensure that the “messages” shared with the authorities, media, and communities are not misunderstood due to language barriers. It is noteworthy that these two devices are not necessarily specific to WHO but are probably among the key devices invoked by the UN and its agencies. However, the way the first device is particularly deployed contributes to the success of the *interessement* and the shaping of the boundaries for dealing with the virus to the exclusion of other potential actors. Naturally, data collection is one of the mandates of the WHO as a technical intergovernmental organization that produces evidence-based documents informing policies, strategies and programs. Nonetheless, during the times of COVID-19, data was presented regularly and consistently along two axes: figures and time. The correlations varied, but almost all RD statements and presentations by experts during media briefings comprised a clear account of the deaths and cases. Not

only that, but these figures were presented against timeframes; at times, they were loose such as “in the past weeks”, at others they were quite specific “As of 17 May 2021”.¹² Moreover, figures and timeframes were used to draw comparisons of all kinds: spread of the disease, death toll, global situation versus the region, newly confirmed cases, reporting by countries and so on. This device helped anchor the authority of the WHO EMRO as the gatekeeper of statistics on COVID-19 and its trajectory in the region; hence, its ability to “interest” all actors to the exclusion of other entities who do not have the capacity to organize and “translate data” at the same level of steadiness and at the same scale. The other device is “multilingualism” – which is not peculiar to WHO EMRO – but is also used to ensure seamless translation in the linguistic and the sociological senses. Multilingualism is an extensive policy within the UN with reports, policies, and strategies (the scope of which is beyond this discussion). However, WHO tailored the concept of multilingualism to serve its purpose of delivering health messages:

In order to work effectively, WHO needs to exchange information and communicate in multiple languages. Language should not be a barrier to fulfilling its mandate: to address the health needs of Member States. A multilingual WHO is better equipped to

¹² For additional references to time and cases, see the RD statements to media briefings organized by date of briefing: <https://www.emro.who.int/health-topics/coronavirus/regional-director-statements.html> (accessed pm 5 September 2024)

communicate health messages, to produce and disseminate health information and to generate, share and use knowledge about health in an equitable manner. It is also better placed to meet today's major public health challenge: strengthening health systems in order to provide essential health care for all.

This statement from the report by the WHO Secretariat regarding “Multilingualism: plan of action” (2017) confirms the use of language services as a device to “interest” other actors, to “interrupt potential competing associations”, and to ensure the success of alliances (Callon, 1986, p. 65). Thus, the provision of data in multiple forms and facilitating accessibility of communication via the policy of multilingualism¹³ could be seen as attempts to dissociate other actors engaged by the WHO EMRO from all other entities competing over controlling the unfolding of the COVID-19 story.

The roles of actors engaged by WHO EMRO press briefings: health authorities, media, and communities are “negotiated” (Callon, 1986). Media and communities wanted to have certainty regarding the unfolding of the COVID-19 ordeal and the fact that the highest health organization is capable of

¹³ Multilingualism is a whole concept in the UN and is considered one of the core values of the UN system. Many documents including reports, resolutions, and papers are produced at different levels of the organization concerning this concept and all UN specialized agencies. It is not limited to translation and interpretation activities, but extends to the larger concept of communication among the world nations, the analysis of which is beyond the scope of this paper.

providing definitive answers to this situation that brought the world to a halt. WHO EMRO media briefings emphasized that the organization proposed effective “tools”, “measures” approaches” to “control” the Pandemic and this claim is “translated” into policies and programs by authorities, news and stories in the media, and protective action in communities. As such, “the definition and distribution of roles are a result of multilateral negotiations during which the identity of the actors is determined and tested” (Callon, 1986, p. 68). However, also along the lines of Callon’s argument, this negotiation of positions entails “*the mobilization of allies*” and this means asking the questions “Who speaks in the name of whom? Who represents whom? These crucial questions must be answered This is because, as with the description of *interessement* and enrollment, only a few rare individuals are involved...” (1986, p. 68). As seen and heard in the media briefings, there are representatives for each of the actors: health authorities are represented by the focal points and country offices who liaise between WHO EMRO and ministries of health; media reporters who attend the briefings are a combination of local media representatives and those from international outlets; whereas the community – who is the least interactive in the transactions of media briefings – is represented by the few (random?) members of the community who learn about the briefings beforehand as social media “followers” and who also receive media health material through reporters informed during

the media briefings. The success of this mobilization was even more obvious with the evolution of the notion of “controlling COVID-19” into a concretized action. In fact, soon after the outbreak, WHO in general, and WHO EMRO, in particular, translated this concept of “control measures” to a call for developing vaccines and therapeutics. As early as 28 April 2020, the RD announced in the opening statement to the media briefing that:

WHO is working with researchers to accelerate the development of **vaccines** and therapeutics for COVID-19. More than 80 **vaccines** are in development globally, including 6 **vaccines** in clinical evaluation, and several therapeutics are in clinical trials. A solidarity trial for **vaccine** development will be launched, in addition to the current trial for **therapeutics**” (emphasis added).

The discourse on vaccines was presented as the most potent solution to COVID-19. To the governments, it was suggested as the means to restore the economic activity; and to the media, and communities, it was presented as a means to resume normal social activity and different forms of gatherings. Two other messages also accompanied this discourse on vaccines as control measures: WHO is the trusted source for approving vaccines after ensuring their efficacy and safety and that it is the credible agency that oversees equitable distribution of vaccines among world nations

(together with other agents, namely the COVAX facility and the Global Alliance for Vaccines and Immunization (GAVI)). The WHO EMRO media briefings as events and the statements of the Regional Director attempted to act as the “ultimate spokesman” of the other actors through their mobilization and rendering its propositions about the form, programs and manifestation of “control measures” credible and indisputable (Callon, 1986, p. 71). As the WHO EMRO senses “resistance” on the part of the media and communities to abide by the “control measures” envisaged as the sole path to relief from the impacts of the pandemic, another maneuver is employed to further confirm that its propositions regarding COVID-19 are the viable path. The maneuver was linguistic par excellence. WHO HQ revived the term, “infodemic” (a noun blend from information and epidemic) and derived other terms from it such as “infodemiology”. As early as June 2020, a conference was even held on the level of the WHO HQ dedicated to this phenomenon. In this context, an infodemic is defined by this first conference on infodemiology as:

an overabundance of information – some accurate and some not – occurring during an epidemic. It makes it hard for people to find trustworthy sources and reliable guidance when they need it. Even when people have access to high-quality information, there are still barriers they must overcome to take the recommended action. Like pathogens in epidemics,

misinformation spreads further and faster and adds complexity to health emergency response.¹⁴

During the media briefings actors associated with WHO EMRO are reminded that they should be wary of two issues: not all sources are credible; and even if they receive high quality information, they, as actors, are not necessarily equipped with translating this information into the action required to “control” the spread of the actual pandemic. This message was mainstreamed across all affiliated offices. In the WHO EMRO media briefings and the RD statement appeal directly to the media outlets represented: “We count on you, the media, as key partners, to play a critical role in ensuring that your coverage about COVID-19 vaccines is informed and based on the facts. This is not the time to be sensationalist or look for the headlines” (23 December 2020). The RD as a representative of the organization directly delineates the role of the media as key mediator in the network to engage in evidence-based investigative journalism and to put in abeyance the other “roles” that are also essential for journalists namely scoops and attractive headlines. WHO EMRO understands that for the “representativity of the spokesmen” (Callon, 1986, p. 72) to be fully realized they need the representatives of the actors to subscribe to the proposition of “control measures” over COVID-19 – which were mainly translated into the indispensability of

¹⁴ <https://www.who.int/news-room/events/detail/2020/06/30/default-calendar/1st-who-infodemiology-conference>

vaccination and overcoming vaccine hesitancy by communities. Media briefings are vocal about appealing to the media representatives invited to the conferences: “We are concerned about levels of vaccine hesitancy in the Region and want to work with the media and others involved to build the trust that will strengthen vaccine confidence” (21 April 2021). The actors are consistently reminded that they would be in an advantaged position when they are aligned with the position of the organization and that WHO EMRO is the custodian of information and data. “We also urge people to stay informed with the latest and correct news on COVID-19, and to not give in to fear or rumours. All the latest information about COVID-19, variants, vaccines, and other issues are available on WHO’s websites and social media accounts” (8 November 2021). The actors’ roles are delineated and delimited by the WHO EMRO in general, and media briefings, in particular. A consensus on the way COVID-19 is presented is sought and is achieved with success, to a great extent, through the associations among the different actors engaged by the WHO EMRO media briefings and expert statements. Regular media briefings on the topic of COVID-19 ended in August 2022 and any dissidence with WHO propositions about the pandemic was neutralized.

By way of conclusion: ANT and Translation Studies

This research explores the position of translation/ interpretation in the nexus of technical, normative, policy-oriented transactions of

the textual, audiovisual, and graphic production of the leading global organization on health issues. Among language professionals outsourced or fully employed by the WHO are scores of translators and interpreters involved in the process and in the production of this large corpus on health and medical issues and on intergovernmental internal communication in different languages. How does relational thinking help in achieving a better understanding of the role and position of translation/ interpretation as a linguistic notion and as a larger concept that extends beyond language transfer. The exploration of the position of translation in the work of international organizations using the ANT lens shows

that translation is already quite a large concept, indeed, large enough to be considered ubiquitous. ... it is not so much the concept of translation that travels through various disciplines of the humanities. It is rather us, both as translators and translation researchers, who travel through these disciplines—only to discover that certain kinds of translational thought and practice are somehow already present in the territories we visit. (Blumczynski, 2016, p. 2)

Thus, as much as the analysis examines translation with a sociological viewpoint, done from a translation studies perspective, it shows that the metaphor of translation as transformation is relevant to the understanding of organizational activity and to grasping the role of linguistic translation within it.

This reciprocity of the benefit of deploying the concept of translation in different fields is also emphasized by Folaron and Buzelin. “[T]ranslation scholars ... would probably tell Latour that the transfer [through translation] has generally been perceived as closely synonymous to “seamless”, a simple quest for equivalence, something that could be done almost automatically” (Folaron & Buzelin, 2007, p. 616). This is how translation and interpretation seem to be presented, particularly through the policy of multilingualism, which emphasizes the uninterrupted transfer of messages into the official languages – of the United Nations in this situation. However, translation studies may also inform ANT that this notion of straightforward interlingual transmission is an “illusion”, just as it is in the case of the association among different actors in a network. “While the development of translation tools speeding up the process to almost simultaneity may tend to reinforce this idea, these tools present limits ... and are a constant reminder of its illusory nature” (Folaron & Buzelin, 2007, p. 616). Indeed, translation in general and in the context of WHO technical areas of expertise testify to the illusory nature of simple transfer of concepts. During the Pandemic, many elements disrupted the semblance of seamless linguistic transfer: some were traditional translation issues such as new terminologies and scientific/technical ideas, others were technical challenges when suddenly the organization faced a situation of having to shift to virtual activity fully, even the most physical of its work, such as

interpretation. More importantly, for the first time the WHO as an organization was particularly community oriented and was, therefore, exploring accessible ways for delivering its position and propositions about the Pandemic to ensure that it remains the authoritative voice on the issue. As such, “the objectives of a (Latourian) socio-technical network analysis and those of translation scholars could coalesce toward a similar agenda: i.e. breaking up the illusion [of seamless transmission of ideas and concepts]” (Folaron & Buzelin, 2007, p. 616).

In addition to being useful as a methodological framework for reflecting on the process of translation – linguistic and metaphorical – the principles of ANT also provide useful insights for translation studies. Thus, “the notion of network as a suitable framework to describe relationships between social actors, the focus on social processes ..., and the analysis of the mechanics of power may offer valuable insights to researchers in TIS, particularly those pursuing a more agent-oriented perspective” (Silva, 2019, p. 402). Translation and interpretation services are the linguistic arm of the organizational expertise – not only in WHO EMRO but across the UN system. The power to name, define, coin, revive terms and expressions in the different official languages (in the case of EMRO, English, Arabic, and French) is a linguistic prerogative and involves negotiation among the language professionals involved. Moreover, multilingualism is a message to the community that not only is WHO the trustworthy agency where health and medical issues are concerned, but also

the one that has the linguistic capacity to spread this message to all members of the community – regardless of the language they speak. As an organization, we provide you with all the necessary information you need in different languages thanks to rigorous translation and reviewing processes, vetting of terms, revision of translations, monitoring of interpreter performance. Governments, media, and communities are constantly reassured that they can depend on the WHO (EMRO) for reliable representation of questions on health and medicine and their relationship to the environment, society, and economics.

This essay tried to reflect on the concept of a network as applied to an example from an international organization where translation is a core process involving people, medicines, and technology and which presents a narrative of seamless production of knowledge. Network was presented as a tool to describe actor relationships (Latour, 2005). The corpus of events/ RD statements examined attempted to reflect on the complex process (at a particular time in the history of WHO EMRO) in which the social, the technical, and language combined in a manner that contributed to the greater position WHO (EMRO) presented to the world as the most reliable authority on matters of health.

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