Storytelling as a Discursive Strategy for Framing Fragile and Stable States in WHO Reports

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ABSTRACT

The embedding of personal stories in formal reports allows for the dissemination of complex information alongside relatable narratives which are more palatable. Storytelling serves to humanize information, making it more accessible and impactful for diverse audiences. This paper examines the use of storytelling as a discursive strategy employed by the World Health Organization (WHO) to report the responsiveness of both stable and fragile states to the COVID-19 pandemic. By analyzing personal stories which were included in extensive reports published for global consumption, this paper explores how storytelling was utilized as a discursive strategy to convey stereotypical images of stable and fragile states. The analysis revealed that the personal stories consistently portrayed fragile states as incapable of managing the crisis without external support. In contrast, stable states were portrayed as being very much in control of the situation, equipped with the best people and facilities to deal with the pandemic. The paper argues that besides serving as a powerful tool to humanize a global crisis, personal stories also serve to construct separate identities for stable and fragile states. Employing a content analysis, it was found that the personal stories went beyond narratives about the pandemic also to highlight broader issues in fragile states, such as gender discrimination. In so doing, the stories were reinforcing mainstream media narratives which typically portray fragile states as being backward. The findings inform media practitioners, particularly those working in the healthcare sector, about the integration of storytelling in official reports.

Keywords: storytelling, discursive strategy, World Health Organization, personal stories, fragile and stable states

INTRODUCTION

The COVID-19 pandemic was a global health crisis like no other, affecting every segment of society across the world. Global agencies such as the World Health Organisation (WHO) were at the center of information dissemination, which guided coordinated responses across multiple sectors and levels of government. The rapid spread of the virus and high fatality rates required swift decision-making and adaptability, and access to accurate information was crucial (Pounder, 2022). Governments relied on information published by reputable international agencies such as the WHO because they were generally regarded as accurate and objective. Nevertheless, there was also the risk that the pandemic would serve as an opportunity to forward narratives that benefitted some and discriminated against others (Addo, 2020).

Studies in the past have suggested that the WHO is not completely free of biased reporting practices (Ho, Li & Whitworth, 2021). For example, the WHO was criticized for being overly influenced by US companies, which provided the organization with extensive support (Gopakumar, 2015). Given such concerns and the enormous potential for WHO reports to shape national and regional policies, investigations into the narratives of the WHO during the COVID-19 pandemic are warranted. Indeed, considering Fairclough's (2006) assertion that discourse has the capacity to both represent and misrepresent to serve the objectives of those who wield control over its dissemination, critical discourse analysis is drawn upon extensively when examining media content.

Of the many narratives that were published by the WHO, reports on the responsiveness of countries across the globe best offer insights into the use of language in constructing the identity of nations as they each strived to ensure that their people were safe. These reports serve as the source for investigation in the present study. Discursive strategies involve using language to construct the identity of individuals, organizations, or even entire nations. Of the various discursive strategies that are available, storytelling serves as a means of identity construction through the use of narratives. Storytelling as a discursive strategy makes recounting personal experiences in everyday conversations possible. According to Browning (1992), stories represent both a form of knowledge and a means of communication. O'Neill (2002) further defines stories as discourses shared to fulfill specific needs, providing emotive impact and ensuring memorable events. While it may sometimes be difficult to tell apart stories grounded in actual events or imagined, stories effectively communicate ideas and shape thought. When used by those who hold power, stories also legitimize dominant power structures and ideologies, thereby perpetuating prejudice or bias (Van Dijk, 1993). Stories may also be used to shape behaviors. Sharing success stories, for example, may promote desired behaviors, while other stories may serve to caution against non-compliance. Given the capacity of storytelling as a discursive strategy, the objective of the present study is to examine the use of storytelling in WHO reports that focus on the responsiveness of countries to the COVID-19 pandemic. Anchored to the contention that stories may perpetuate prejudice or bias, a comparison is made between using stories when referencing fragile and stable states.

Within several indices that have been advanced to name stable and fragile states, the present study draws on the Fragile States Index (FSI) developed by the Fund for Peace, which measures the vulnerability of a state to collapse. The Fragile States Index (FSI) is an annual assessment measuring the vulnerability of states to conflict or collapse. Introduced in 2005, the FSI is based on 12 primary social, economic, and political indicators, which are further broken down and used to evaluate different pressures faced by a state (Carlsen & Bruggemann, 2017). The 12 primary

indicators guide data collection from various sources, including qualitative and quantitative data. Despite limitations because it relies on subjective data, and the method used to report fragility with a single score, the FSI is widely regarded as a useful tool (Kaplan, 2014). In its latest FSI 2022 index, some of the most fragile countries included Yemen, Somalia, Syria, and Iraq. In contrast, stable states include countries such as the United States, the United Kingdom, Germany, and other European countries.

LITERATURE REVIEW

STORYTELLING AS A DISCURSIVE STRATEGY

Storytelling has the capacity to shape attitudes and behavior through the use of various strategies that influence perception (Nosrati & Detlor, 2022). For example, narratives may be framed by minimizing or omitting specific references with the goal of directing attention toward desired interpretations (Van Dijk, 2017). Emotionally charged elements may be embedded to evoke emotions of empathy, fear, or hope, thereby swaying opinions or gaining support. Storytelling can normalize certain beliefs or ways of seeing by repeatedly presenting narratives which conform to those which are already widely circulated. Therefore, storytelling legitimizes actions, policies, or social practices. Through the selective use of language, stories may forward actions as acceptable and power structures as natural and accurate (Van Leeuwen & Wodak, 1999). In this way, storytelling can be used as a tool for manipulation (Van Dijk, 2017). When used by organizations, stories are discourse practices which serve to support sense-making through the use of language (Steuer & Wood, 2008).

In organizations, leaders can use storytelling to manipulate the organizational culture by promoting certain values, norms, and behaviors. Leaders can subtly enforce conformity and loyalty by sharing success stories that highlight desired behaviors or cautionary tales that illustrate the consequences of non-compliance. This can lead to an environment where questioning the status quo is discouraged, and dissenting voices are marginalized. In the case of the present study, storytelling can reveal the underlying ideologies and power dynamics at play.

CONSTRUCTION OF STABLE AND FRAGILE STATES

The identity construction of nations in international discourse is complex and built upon realities and mainstream narratives, which in turn determine how states are perceived, treated, and engaged with (Castelló, 2009). Stable states are typically regarded as rich, reliable, and capable of self-governance. It is an identity constructed through Western norms, prioritizing strong institutions, democratic governance, and economic liberalism (Stefan, 2017). In contrast, fragile states are those perceived as risky, unpredictable, and needing external intervention. Such construction leads to differences in the way entire nations are treated. For example, the identity of a fragile state may serve to justify the intervention of powerful states in the domestic affairs of these states, usually under the pretext of stabilization or offering development assistance (Gürkan, 2024).

Indeed, the binary categorization of states as stable or fragile is too simplistic and disregards the multifaceted realities of a nation's identity (Nay, 2013). The identity of a nation is complex, shaped by diverse populations with pockets of stability and instability across regions. Even the most stable states experience moments of fragility as a result of economic crises, natural disasters, or political transitions (Desmet et al., 2011). Yet, nations are often constructed as stable or fragile

through a Western-centric lens. A state labeled as fragile faces various consequences, including threats of invasion and reduced foreign investment. A fragile state's agency is also diminished by virtue of being perceived as such. Therefore, the act of categorizing states as stable and fragile is, in fact, reductionist and has the potential to lead to misinformed policies and interventions (Tervonen-Gonçalves & Oinonen, 2023).

THEORETICAL FOUNDATION

Critical Discourse Analysis (CDA) offers a robust approach to examining how stories can perpetuate or challenge social identities and power structures (Van Dijk, 2006). Drawing on CDA must mean that the examination of stories needs to consider the macro-level socio-political context within which those stories are framed. This is because the macro-level context sheds light on any underlying power dynamics, and being aware of who controls the narrative allows for interpreting how and why power is maintained or challenged. Stories can serve to either reinforce or subvert existing power relations.

Van Dijk (2006) also calls for a meso-level analysis of discursive practices and group relations. Stories construct identities and relationships through discursive practices of the selective use of language. In addition, investigations of stories should also consider the construction of relationships that may reflect efforts to marginalize, stereotype, or empower groups. At the micro-level, researchers may unpack power relations in stories by examining semantic macrostructures, schematic structures, themes, selective use of formal and informal language, and the use of rhetorical devices such as metaphors. Finally, undertaking an intertextual analysis of stories offers insights into ways identities in one story are shaped through intertextual connections with other texts.

To illustrate the application of this framework, consider analyzing a story about a conflict between a manager and an employee. Drawing on Van Dijk's (2006) framework, the analysis may focus on:

- Macro-Level: The broader context of corporate culture and hierarchical power structures
- Meso-Level: The discursive practices that construct the manager as the person of authority and the employee as a subordinate
- Micro-Level: Linguistic features such as the use of formal language by the manager to assert authority and establish power dynamics
- Intertextuality: References to broader narratives about discipline and conformity in corporate environments

METHOD

RESEARCH DESIGN

The present study is a descriptive, non-experimental investigation that explores how the WHO utilizes storytelling as a discursive strategy to position states in COVID-19 responsiveness reports. Situated within the qualitative paradigm, this study aligns with an interpretive perspective aimed at uncovering nuanced aspects within discourses, particularly relevant when studying storytelling in communication contexts (Semino, 2017). The research design involves several key steps to systematically uncover how storytelling functions as a discursive strategy. Focusing on identifying

narrative elements and their role in constructing identities and conveying power relations, the present study drew on Van Dijk's (2006) framework for undertaking a macro-level analysis of the broader societal and cultural contexts, a Meso-level analysis of discursive practices and group relations, a micro-level analysis of textual and linguistic features, and an intertextual analysis to speculate on relationships with other texts.

DATA

The focus on WHO reports, specifically those on the responsiveness of fragile and stable states during the COVID-19 pandemic, the present study required a specialized corpus. According to Baker (2006), a specialized corpus is utilized to investigate specific varieties or genres of language, including texts from particular topics within specific contexts. The data for fragile states was made up of WHO reports on the states of Somalia, Yemen, South Sudan, Syria, Afghanistan, Libya, and Iraq. These states were selected based on their ranking as top fragile states as listed in the Fragile States Index 2023 published by the Fund for Peace (https://fragilestatesindex.org/2023/06/14/fragile-states-index-2023-annual-report/). Data for stable states was made up of WHO responsiveness reports for Germany, the United States of America, the United Kingdom, Japan, Canada, France, and New Zealand. These stable states were chosen because they were listed as among the top voluntary contributors to the WHO (https://www.who.int/about/funding/contributors).

The corpus for WHO reports on fragile states comprised 130,206 words, while the corpus for stable states contained 130,230 words. All texts for the corpora were retrieved from the official WHO website while ensuring completeness when filtering out redundant information (Weisser, 2016). The data was stored in text file format on a computer using the 'Copy-and-Paste' function in Windows 10.

PROCEDURE

The reports were manually reviewed for personal stories, which were intermittently embedded. 9 stories were found in reports on stable states, while another 11 were found in reports on fragile states. The personal stories were then extracted and analysed by drawing on Van Dijk's framework. The presence of macro-level, Meso-level, and micro-level strategies, as well as intertextuality, was individually coded before they were extracted for analysis. To ensure validity in the collection and analysis of data, a clear operational definition was set for embedded personal stories. It was determined that the embedded personal stories would be stories presented in isolation from the actual report about the management of the pandemic by the various states but embedded within the report. Also, the analysis was guided by a framework described in the theoretical foundation section of the paper. The framework served to anchor and provide direction for the analysis of the stories. In terms of reliability and consistency in data collection, all reports that were analyzed were sourced from the same official WHO site. This helped prevent variability in the data which could affect reliability.

RESULTS AND DISCUSSION

The analysis revealed that storytelling featured almost equal numbers in reports on fragile and stable states. A total of 9 personal stories were found in reports on stable states, and 11 personal

stories were found in reports on stable states. However, the personal stories were used to achieve significantly different goals when referencing the experiences of individuals and organisations in stable and fragile states. Selected extracts are presented in this paper to illustrate the differences.

MACRO-LEVEL

In the reports on the responsiveness of fragile and stable states, personal stories were injected to essentially humanize broader political and social issues at the macro level (Gkalitsiou & Kotsopoulos, 2023).

The injection of personal stories was found to advance emotional engagement by serving to evoke emotional connections and perhaps making a report aimed at decision-makers equally relatable to the wider public. In addition, the stories also serve as a microcosm, encapsulating the systemic issues of poor infrastructure, lack of resources, and political instability. In this way, the reports on the performance of states during the pandemic extend beyond their initial scope. The contrasts of the stories in reports on stable and fragile states serve to underscore the differences in state capacity and resilience. Also, at the macro level, personal stories appear to bridge the gap between decision-makers and people on the ground. It is also evident that the stories, on the surface at least, serve to inspire hope in fragile states. The stories appear to suggest that despite systemic weaknesses, individuals and communities find ways to cope and adapt.

MESO-LEVEL AND MICRO-LEVEL

F1, F2 and F3 are extracts of personal stories in reports on the responsiveness of fragile states.

(F1)　　"I have had to face a lot of questions and comments from people, like, 'A woman will never be able to survive such a terrible emergency,' or, 'This is a man's job,'" says Dr Naima, beaming as if to show she has proved them all wrong. "If there were one thing I could change about my country," says Dr Naima, "I would change people's belief that women cannot learn and cannot do everything because we can. We can do anything we put our hearts into, no matter where we live."

(F2)　　"My neighbour refused to allow his 68-year-old mother to go to the isolation facility because of stigma. It is hard for a man in Iraq to allow his mother, wife, daughter, or sister to be taken for quarantine or isolation outside the family home; community traditions and social norms don't allow it."

(F3)　　For the past 13 years, Yemen has ranked last in the World Economic Forum's Global Gender Gap Index. Where women lack access to participate in health, education, the economy, and politics, societies and future generations suffer. That's why achieving a basic level of participation of women in the fight against COVID-19 was a key result indicator in the design of the Yemen COVID-19 Response Project implemented by WHO and the World Bank.

These narratives render the challenges during the pandemic tangible. When integrated into WHO reports on the responsiveness of fragile states, F1, F2, and F3 serve to reinforce prevalent perceptions concerning gender inequality and the objectification of women in the Middle East region. Within the WHO report on the responsiveness of Yemen to the pandemic, the following semantic macrostructures realized as section headlines were found: (1) 'Geesi diaries: Challenging stereotypes to follow a dream to serve local communities', 'Standing tall in the face of stereotypes', and 'Yemeni women at the forefront of the COVID-19 response'. Read intertextually with widely published reports on the status of women in the Muslim world; these macrostructures collectively reinforce Western narratives about the subjugation of women in a patriarchal system as reflected

in Yemen's persistent placement at the bottom of the World Economic Forum's Global Gender Gap Index. Even though the primary objective of the report was to assess the nation's efforts in combating the global pandemic, the personal stories divert attention to issues of gender disparities. In doing so, the WHO reports also serve to construct the identity of Yemeni women as a marginalized group.

The World Health Organization (WHO) also employed storytelling to narrate through the lens of an outsider, as reflected in F4. The narrative by a WHO representative serves to position the organization and its representatives almost as role models and saviors who were there to set things right in Syria:

(F4)   Need to raise awareness and lead by example: "When I arrived in Syria, I was struck by how little people of all social and educational backgrounds recognized the seriousness of COVID-19. There was little compliance with social distancing or other measures. I started to invest efforts immediately upon my arrival to work with country representatives of UN agencies to follow the WHO-recommended measures for the prevention of COVID-19. I believe all UN staff in Syria would be an example of compliance with these recommendations. Overall, it seems that there is little recognition of the seriousness of COVID-19 in this country. The risk communication messages sent via media have not reached people in such a way that they would adopt the recommended behaviors. After nine years of war, the sentiment here is that Syrians are strong and may be immune to disease."

(F5)   "Especially in the context of Syria, where the state is fragile, systems are disrupted, the economy is worsening, and people's vulnerabilities continue growing with the impact of COVID-19, coordinated support from all is paramount to defeat the public health emergency and save lives and livelihoods."

In F4, the "Us" versus "Them" divide is established through the use of the first-person pronoun. The WHO representative determined that the Syrians were not taking the pandemic seriously and did not comply with guidelines. The representative then works with other non-Syrians (country representatives of UN agencies) to address the needs of the local community. The suggestion here appears to be that educating ill-informed locals is only possible if representatives from other countries (most likely stable states) collaborate. This narrative emphasizes the need for external intervention, which is also evident in other personal stories, with particular emphasis on intervention by the UN and WHO in improving local systems. Therefore, storytelling as a discursive strategy is used to underscore a sense of dependency and highlight the state of helplessness in fragile nations. Again, an "Us" versus "Them" ideology is forwarded. In F5, attention is drawn to Syria as a failed state without systems in place and an economy in turmoil. Again, storytelling is used more as a strategy to discursively reinforce the identity of Syria as a fragile state. The reference in F4 to the nine years of war in Syria serves as a powerful example of instability, the primary factor which distinguishes fragile states from stable states.

In reporting on the responsiveness of Somalia to the pandemic, WHO shared stories that emphasized the dire situation in Somalia, where an already weakened infrastructure and health system are ill-equipped to deal with the additional burden of a global pandemic like COVID-19:

(F6)   "Almost 6 years of ongoing conflict have pushed the country into uncertainty and left its population vulnerable even before COVID-19, leaving it with a collapsed social and civic infrastructure, a frail economy, and a fragile health system… I wished desperately that COVID-19 wouldn't reach Somalia, as we are already suffering from cholera, diphtheria, dengue, malaria, and malnutrition compounded with the ongoing conflict that has wrecked the already appalling health system,"

In F6, Somalia is depicted as a state where fragility permeates every level of society. The mention of disrupted systems and a worsening economy underscores the structural and economic instability that hampers effective crisis management. Additionally, the reference to increasing vulnerabilities among the population paints a picture of widespread hardship and a lack of resilience against the compounded impacts of conflict and the pandemic.

By highlighting the dire need for coordinated external support to combat the public health emergency in fragile states, storytelling in the reports suggests that the fragile nations are struggling to manage the crisis on their own. This narrative reinforces the perception that these nations depend highly on external support. While the narrative may serve to rally international support and resources for fragile states, it also inadvertently underscores the state's inability to independently safeguard its citizens' lives and livelihoods. While strategic for garnering attention and assistance, this duality in messaging can contribute to a negative perception of fragile states, highlighting their vulnerabilities and limitations in stark contrast to more stable nations.

Conversely, narratives featured in WHO reports on the responsiveness of stable states portray these nations positively, exemplified by the story of Samantha, a Community NHS Physiotherapist in Bournemouth, United Kingdom, who specializes in providing rehabilitation services to individuals recovering from injuries, surgeries, illnesses, or falls, with many of her current patients undergoing recovery from COVID-19:

(S1)   "No one ever questions my ability to do my job because of my disability. Most people don't even notice," says Samantha. "Once I have explained what I've been through and overcome, they are usually in shock and awe. My patients trust and work so much harder with me because I've been through it myself. I love being a rehabilitation professional and having a positive impact on someone's life." Samantha's passion for overcoming challenges from disability isn't just limited to her professional life. Samantha has found ways to ski, rock climb, and swim. Her ultimate goal is to climb Mount Everest, the highest point in the world!

Samantha's personal narrative in S1 serves to highlight the positive side of people's experiences during the pandemic. S1 appeals to readers' emotions by making Samtha the face of the UK's healthcare system. Samantha's personal journey of overcoming a severe disability while excelling in her profession not only highlights her personal fortitude but also suggests a supportive environment within the UK, with a system that fosters inclusivity and empowerment. Also, in contrast to F1, F2, and F3, Samantha's story underscores the empowerment of women through professional achievement and personal resilience. Despite significant physical challenges, she continues to excel, illustrating women's capability to overcome obstacles and thrive in demanding roles. This narrative departs from a focus on responsiveness to the pandemic. Instead, it relates to macro-level themes of gender equality, advocating for equal opportunities and recognition of women's contributions across sectors.

In another story which was included when reporting the responsiveness of Italy to COVID-19, Silvia Mambelli, the director of nursing and technical services at the local health authority, is used to humanize Italy's experience:

(S2)   "Despite 40 years of experience in various health-care roles, nothing could have truly prepared me for today's COVID-19 emergency," Silvia coordinates the work of 10,000 healthcare workers, among whom are approximately 7000 nurses in the Italian region hit second hardest by the coronavirus. "From the very start, we organized meticulous training on preventing infection, which also helped fight the growing fear among healthcare professionals."

Mambelli's position as the director of nursing and technical services within a major health authority draws attention to the leadership roles available to women. Her effective coordination of thousands of healthcare workers during the crises exemplifies women's capacity to manage and respond adeptly to emergencies, aligning with broader objectives in women's rights to secure equitable opportunities in leadership and decision-making roles. The narrative also underscores the pivotal role that predominantly women nurses fulfill within the healthcare system. By spotlighting Mambelli's experience and the essential contributions of nurses, the narrative advocates for professional acknowledgment and respect for women in healthcare, supporting the ongoing efforts of the women's rights movement to achieve equitable recognition and treatment across all professions. Similarly, the WHO report on the responsiveness of Germany also highlights competence and efficiency:

(S3)   For COVID-19 patients, the initial respiratory physiotherapy priority is to keep the airway clear and unobstructed of sputum to enable sufficient oxygen to the lungs. This protection is key in trying to prevent patients from needing ventilation and worsening their condition," said Suzanne Schäfer, lead for the critical care rehabilitation team at Charité – Universitätsmedizin Berlin. To provide this service as required, respiratory physiotherapists are on call 24/7 for emergency treatments. "For COVID-19 patients, the initial respiratory physiotherapy priority is to keep the airway clear and unobstructed of sputum to enable sufficient oxygen to the lungs. This protection is key in trying to prevent patients from needing ventilation and a worsening of their condition,"

S3 showcases the structured and proactive measures taken to address COVID-19. By detailing the specific medical protocols, such as the priority of keeping airways clear to prevent the need for ventilation, the storytelling highlights the systematic and evidence-based approach of the German healthcare system. This approach suggests high preparedness and expertise in managing COVID-19 patients. The availability of respiratory physiotherapists on call 24/7 for emergency treatments underscores the dedication and readiness of healthcare professionals, further emphasizing the robust infrastructure and commitment to patient care.

This positive portrayal of stable states contrasts sharply with the depiction of fragile states like Syria. Iraq, Yemen, and Somalia. In stable states, the narratives emphasize efficient coordination, continuous availability of specialized care, and the ability to implement effective medical protocols swiftly. Such narratives suggest that stable states possess the resources, organization, and expertise required to manage the pandemic effectively, thereby preventing the worsening of patients' conditions and improving outcomes.

Through these stories, WHO highlights the strengths of stable states in dealing with public health emergencies, projecting an image of competence, resilience, and capability. This not only serves to commend their efforts but also sets a benchmark for other nations to aspire to, implicitly drawing a contrast with the challenges and shortcomings faced by fragile states.

The extracts in this paper exemplify the potential of storytelling as a powerful discursive strategy that moves the WHO narrative beyond a focus on mere responsiveness by states to other macro-level socio-political themes. At the Meso-level, the identity construction of specific individuals serves to frame the capacity or limitations of entire nations. In so doing, storytelling conveys both positive and negative bias (Auvinen et al., 2013). For example, positive bias was evident in the stories of stable states, which emphasized strengths and successes, while negative bias was evident in stories related to negative states.

CONCLUSION

The analysis of WHO reports on the responsiveness of fragile and stable states to COVID-19 reveals the strategic use of storytelling as a discursive strategy to maintain widely accepted perceptions about stable and fragile states. Personal stories were employed to humanize political and social issues, making challenges more relatable and real to the audience (Gkalitsiou and Kotsopoulos, 2023). In addition, the analysis revealed that the stories also served an ideological purpose, as they contributed to constructing rather opposing identities of stable and fragile states. WHO reports on stable states like the UK and Italy portrayed these countries in a positive light. The stories of individuals, like the healthcare professionals from the NHS in the UK and from Italy, emphasize the organized, systematic, and evidence-based approaches taken to address COVID-19 in these countries. These narratives highlighted the high level of preparedness, continuous availability of specialized care, and the commitment of healthcare professionals, projecting an image of competence and resilience. The portrayal of these stable states underscores their robust infrastructure and effective crisis management, setting a benchmark for other nations and implicitly contrasting the challenges faced by fragile states. For instance, in fragile states like Syria and Yemen, the WHO reports emphasized systemic weaknesses and growing challenges through narratives that highlighted wider socio-political issues such as gender inequality, reinforcing narratives in mainstream media about the commodification of women.

The stories of individuals embedded within the reports also serve as a discursive strategy emphasizing the Us versus Them divide (Kajta, 2017). Although the reports are about the performance of states in managing COVID-19, the pandemic almost serves as a mere backdrop for narrating issues of social injustice and the ineptness of leaders in fragile states. The stories of women being regarded as lesser than men in Muslim countries is a narrative which extends beyond the WHO reports examined in the present study. Numerous studies have drawn attention to this form of stereotyping (Erentzen et al., 2023; Tabaza & Mustafa-Awad, 2022). Read intertextually, the personal stories in the WHO reports, therefore, contribute to ideological polarization, which justifies the view of Muslim states as backward and in need of intervention (Oddo, 2011).

The analysis of the personal stories positioned stable states in a positive light, while fragile states were constructed as weak and incapable of managing the pandemic without external support. However, it is interesting to note that data reported elsewhere on the WHO website reveals a different reality. The highest number of COVID-19 deaths (cumulative total) was actually in stable states such as the United States (listed 1st), the United Kingdom (6th), Italy (8th), Germany (9th) and France (10th). In contrast, fragile states were found far lower on the list, with Iraq appearing at 41, Afghanistan at 77, Libya at 83, Sudan at 90, Syria at 102, and Yemen at 113. The personal stories embedded in the reports, therefore, lend support to the claim by Ho, Li, and Whitworth (2021) that the narratives of the WHO are far from objective and appear to favor nations that provided it with financial support.

While the present study has offered insights into using personal stories to construct very different identities of stable and fragile states, the approach taken in this investigation was limited by the selection of stories that may be regarded as selective and reflecting a non-representative sample. It must also be recognized that although the analysis was anchored to a theoretical framework, the interpretation of personal stories is inherently subjective. Future studies focusing on the biased construction of identity in apparently neutral reports by organizations such as the WHO should consider complementing qualitative personal stories with more substantial quantitative data in order to provide a more comprehensive analysis. Researchers may also want

to include a historical analysis to understand how past events and policies have shaped the current construction of state identity.

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