



The question of reforming the World Health Organization

ODU Model United Nations Society

Introduction: The WHO mismatch

The global coronavirus pandemic of 2020-21 brought the issue to the top of the global agenda, but the difficulties of the World Health Organization have long been an international concern.

A major challenge comes the fundamental mismatch between the design of the WHO and the problems it is expected to solve. Member States expect it to solve global scourges, but often refuse to give it the power to enforce solutions.

Created in 1948, the WHO was intended to organize and coordinate long-term campaigns to resolve disease scourges such as smallpox and polio. As a large state-oriented organization, it is dominated by a strong World Health Assembly, with 194 Member States (one more than the UN itself). Its Director-General and its professional staff have few formal powers, and work mostly to gain cooperation and coordinate support from the Member States. It is the Member States alone who are sovereign, a legal status many are hesitant or unwilling to compromise.

This structure of the WHO is ideal for long campaigns against well-understood problems, to deal with infectious diseases like cancer, malaria, polio, or smallpox. But it is poorly set to deal with sudden international health emergencies. Yet the latter is the biggest

responsibility it has, time and again. Whether the emergency is Bird Flu or Swine Flu, Ebola or Covid-19, global eyes and expectations naturally turn to the WHO for solutions. Many observers note, the mismatch between capabilities and expectations means the WHO is fated to fail.



WHO headquarters in Geneva, on a stamp from Czechoslovakia, 1966

In the best publicized recent example, the WHO was caught poorly prepared to address the 2014-16 Ebola outbreak in Central and West Africa. Two and a half years after the first case was discovered, the outbreak ended with more than 28,600 cases and 11,325 deaths.¹ Although it is much less deadly, the coronavirus pandemic that began in Wuhan, China in December 2019, is far more widespread. It has caused 103 million reported cases and 2.2 million reported deaths.²

The ambivalence of Member States, even in the face of such threats, was most dramatically illustrated in May 2020, when then-US President Donald Trump stopped US funding—a little

¹ CDC. 2019. '2014-2016 Ebola Outbreak in West Africa', *Centers for Disease Control and Prevention*, 8 March 2019, <https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>

² Pettersson, Henrik, Byron Manley and Sergio Hernandez, 2021. 'Tracking coronavirus' global spread', *CNN*, 31 January 2021, <https://edition.cnn.com/interactive/2020/health/coronavirus-maps-and-cases/>

more than USD 450 mn annually, sixteen percent of the WHO annual budget—in the midst of the coronavirus pandemic. He also threatened to withdraw his country from the organization. President Trump justified the decision to quit on what he was as a pro-Chinese bias in the organization.³



World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus at a press conference at the WHO headquarters in Geneva, 18 October 2019. AFP.

This was part of a long series of American withdrawals from international organizations that President Trump felt were not serving American national interests enough, or where the United States was not winning political debates. Other withdrawals include the UN Educational, Scientific and Cultural Organization (UNESCO), the UN Human Rights Council (HRC), the Paris Climate Convention, and many trade and arms control agreements. The withdrawals were domestically popular with the Trump administration's supporters. The

³Holland, Steve, and Michelle Nichols, 2020. 'Trump cutting U.S. ties with World Health Organization over virus', Reuters, 29 May 2020, <https://www.reuters.com/article/us-health-coronavirus-trump-who/trump-cutting-u-s-ties-with-world-health-organization-over-virus-idUSKBN2352YJ>

⁴ Wolf, Zachary B., and JoElla Carman, 2019. 'Here are all the treaties and agreements Trump has abandoned', CNN, 1 February 2019, <https://www.cnn.com/2019/02/01/politics/nuclear-treaty-trump/index.html>

Biden Administration says it will reverse the action on funding and stay in the WHO.⁴

Critics of the WHO in the United States, led by then-President Donald Trump, maintained that excessive obeisance to China inhibited the WHO from warning the rest of the world of the coming pandemic, delaying the warning by several days, maybe as much as a week or ten days. Others observe reporting delays up to ten days are not unprecedented. Even if immediate warning had come, they note, it would have made no difference in the United States, where President Trump minimized the dangers of the pandemic for months.⁵ US criticism and anger at the WHO is an extreme, but not exceptional, example of the difficulties it faces.

Accomplishments and limitations

The WHO's greatest moment probably came in 2003, when Gro Harlem Brundtland of Norway, often seen as the WHO's most competent and politically astute Director-General, led the successful 2003 containment of SARS; Severe Acute Respiratory Syndrome, a dangerous viral respiratory disease. Stopping the disease in its tracks required science-based decisions that always placed public health first. But ensuring the independence such action requires is not easy.⁶

⁵ Pilling, David, 2020. 'The WHO has become a scapegoat', Financial Times, 14 October 2020, <https://www.ft.com/content/e7b89b60-4e9f-4c16-87f0-7995654cb90a>; Ruby Mellen, 'The WHO: What you need to know about the U.N. agency that Trump snubbed and Biden rejoined', *Washington Post*, 21 January 2021, <https://www.washingtonpost.com/world/2020/04/15/what-is-world-health-organization/>

⁶ Prah Ruger, Jennifer, 2020. 'The World Health Organization can be reformed', *Financial Times*, 6



WHO headquarters, Geneva

By design, the WHO lacks independence from its member countries, and not just from China and the United States. In the early 1990s, Japan pressured small nations with trade restrictions, while also offering them aid, to win their support for a second term for Japan's director-general candidate. Historically, unwritten rules also required that five of the WHO's six assistant directors come from the US, UK, France, the Soviet Union and China.⁷

There also is wide—but not universal—agreement that the WHO also needs to be more accountable, transparent and fair. In 2009, its opaque management of H1N1, the swine flu epidemic, led to charges of undue influence by particular Member States. The emergency committee set up by then Director -General Dr.

Margaret Chan (from China) during her leadership did not deliberate publicly. This undermined its subsequent declaration of H1N1 as a global pandemic, a decision that critics called scientifically unjustified. There were also widespread allegations that WHO advisers had ties to pharmaceutical companies. Estimated sales from vaccines reached several billion dollars in 2009.

There is growing acceptance that WHO funding needs to become bigger and more sustainable. Currently, powerful countries and organizations influence its actions via extrabudgetary funding tied to specific purposes. These are often associated more with donor interests than global health needs; misaligned with the WHO's own programmes; and not evenly spread across programme areas. Currently, 80 per cent of the WHO's budget is from voluntary contributions. This undermines the WHO's institutional integrity, and opens a chasm between its stated objectives and performance. It requires reforms such as multiyear funding agreements.

Finally, the WHO must reclaim its scientific credibility to better protect global public health. One way to do that is to uncouple science from politics. It should separate its technical and implementation functions from the political functions while using the WHA to maintain representative democracy among the WHO's 194 member nations.

May 2020, <https://www.ft.com/content/df72892c-8e19-11ea-af59-5283fc4c0cb0>

⁷ Ibid.



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Top 10 WHO contributors, 2018–2019 biennium, USD millions					
rank	contributor	Assessed dues	Voluntary, specified contribution	Total (biennium)	share
1	United States of America	237	656	893	16.00%
2	Bill & Melinda Gates Foundation		531	531	9.40%
3	United Kingdom of Great Britain and Northern Ireland	43	335	435	7.70%
4	GAVI Alliance		371	371	6.60%
5	Germany	61	231	292	5.20%
6	Japan	93	122	214	3.80%
7	UN Office for the Coordination of Humanitarian Affairs (UNOCHA)		192	192	3.40%
8	Rotary International		143	143	2.50%
9	World Bank		133	133	2.40%
10	European Commission		131	131	2.30%

Money is a continuous headache for the organization. A global health care juggernaut, with 194 nations as members (including the US), the WHO has a current two-year budget plan of \$5.6 billion, underwritten by members' dues plus voluntary contributions from both governments and private organizations, according to the Congressional Research Service.

Roughly one-fifth of its budget comes in from pre-set country dues payments. Based on a system negotiated through the WHO's Assembly, this currently calls for a total of roughly USD 450 mn annually. The other four-fifths of the WHO annual budget of USD 2.65 billion (USD 5.6 bn for the 2020-21 two-year

cycle) comes in voluntary contributions. These are negotiated separately by the Director-General and the Member States. Washington, long a leader on global health issues, was the WHO's top donor in 2018-19, providing \$853 million in dues and voluntary contributions. China ranked 15th, with total payments of \$89 million. Individual contributions are typically paid out over time rather than in a single lump sum.

A major problem for the organization is its budget comes overwhelming from voluntary contributions, not dues. This is popular with the Member States, since it gives them more control and authority, in essence forcing the WHO to continuously beg for resources.



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President Trump and his appointees, including Secretary of State Mike Pompeo, repeatedly attacked WHO leaders as corrupt, untrustworthy and unable to keep Americans safe. He pushed the WHO Director-General Dr. Tedros, without success, to aggressively investigate theories that the virus got its start in a Wuhan live animal market or had escaped from a high-security Chinese virology lab. He branded the UN agency as “China-centric” and “a puppet of China.” He and other administration officials regularly demonized both China and the WHO by referring to the virus as the “kung flu” or the “China flu” and calling it a “product of the Chinese Communist Party.”⁸

The reputation of the WHO already had been damaged by its slow response to the Ebola epidemic in West Africa in 2014. The WHO has been called Balkanized, with a de-centralized structure based on six semiautonomous regional and 150 country offices. Only 25 percent of WHO staff work in Geneva and report directly to the director-general. Morale among its 7,000 staff members, whether at its Geneva headquarters or in conflict zones like Libya, Somalia, Syria and Yemen is poor.⁹

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.

The current Director-General, Ethiopia’s former health and foreign minister, Dr. Tedros Adhanom Ghebreyesus (who goes by his first name, Dr. Tedros), was selected in 2017 after year-long process. First the WHO’s 34-member executive board by vote reduced the list of nominees to three nominees. All were pressed to campaign among the 194 WHO Member States. Tedros’ campaign visits included Cook Islands, Cuba, Brazil and Thailand. A rival visited eight Latin America countries as part of their campaign, as well as Kazakhstan, Qatar, Indonesia, Japan and South Korea. All candidates campaigned as if world health depended on it. Two hired public-relations firms. All three tweeted several times a day and maintained blogs, videos and websites. The process increased the leverage of the Member States over the Director-General, assuring they will be loyal to their campaign supporters. WHO staff play no role selecting the Director-General.

Recent UN action

The UN General Assembly has been concerned with the performance of the WHO and made it the subject of repeated resolutions. But the UN Member States also have been hesitant to interfere too directly in processes traditionally dominated by the WHO’s own Assembly. This attitude appears to be changing.

General Assembly resolutions on the WHO usually have been routine statements of support. Others emphasize the need to ensure the benefits of its work are fairly distributed to serve all humanity, such as the 2020 resolution, ‘Global Health and Foreign Policy: Strengthening Health

⁸ Arieff, Irwin, 2020. ‘The Lingering Side-Effects of Trump’s Assault on Global Health’, *PassBlue*, 24 November 2020, <https://www.passblue.com/2020/11/24/the-lingering-side-effects-of-trumps-assault-on-global-health/>

⁹ Manuel, Susan, 2017. ‘Why Would Anyone Want This Job? The WHO Prepares to Elect a New Chief’, *PassBlue*, 24 April 2017, <https://www.passblue.com/2017/04/24/as-the-who-elects-a-new-director-the-agency-is-already-adrift/>



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System Resilience through Affordable Healthcare for All, [A/RES/75/130](#)'.

The General Assembly also has recommended a special session of the General Assembly in response to the coronavirus disease pandemic.¹⁰

Country and Bloc positions

The UN General Assembly is well positioned to recommend changes to the WHO, reforms to better align the design of the organization to serve global expectations.

Much of the inefficiency of the WHO is the direct result of the desires of Member States, who work to maximize their control and autonomy over the organization. The Member States generally prefer to a de-centralized organization, dominated by regional and country offices, rather than a more powerful one with authority centralized in the head office. The Member States also like the system of relying on voluntary national contributions, rather than fixed annual dues, since this further increase their leverage over the organization.

Reform proposals often stress this dilemma between what the Member States want the WHO to do, and what they allow it to do. The solution is greater political independence, a stronger Executive Director, and funding mostly from assessed dues, not voluntary gifts. Whether the Member States will go for this is questionable.¹¹

But the Coronavirus pandemic helped change attitudes and increase willingness to compromise. Many recognize that the highly decentralized organization, dominated by the Member States, is not the servant they need in times of great emergency. The great problem is how to make the WHO less beholden to its Member States at the same time it asks more of them.¹²

Africa: After the Ebola experience of 2014-16, there is strong interest in Africa in strengthening the WHO. Especially for countries with weak public health systems, a strong WHO is appealing. They also favor a funding system that relies more on dues for wealthier countries rather than voluntary contributions. But African Member States also respect the friendship of wealthy donors, and China has been especially aggressive using its foreign aid to encourage support for its positions.

China is not enthusiastic about changes to the WHO. It regards the current structure, emphasizing the power of its sovereign state members, as satisfactory. It also is wary of reform that could lead to demands it contribute more of the WHO's budget. Chinese spokesmen see a relationship between calls for reform and criticism of their country's treatment of the coronavirus pandemic. Its deputy ambassador in Geneva Li Song in late September tweeted what he called a "reality check" in response to U.S. allegations against it and the WHO. One of the 24 allegations the tweet responds to is that a Chinese cover-up is to blame for the virus spreading across the world. "What has happened

¹⁰ UNGA. 2020. 'General Assembly Decides to Hold High-level Special Session in Response to COVID-19 Pandemic, 3-4 December, GA/12282', New York: United Nations, 5 November 2020, <https://www.un.org/press/en/2020/ga12282.doc.htm>

¹¹ Nebhay, Stephanie, 2020. 'WHO needs reforms, while preserving 'political independence': panel', *Reuters*, 5 November 2020, [https://www.reuters.com/article/us-health-coronavirus-who/who-needs-reforms-while-](https://www.reuters.com/article/us-health-coronavirus-who/who-needs-reforms-while-preserving-political-independence-panel-idUSKBN27L1WA)

[preserving-political-independence-panel-idUSKBN27L1WA](https://www.reuters.com/article/us-health-coronavirus-who/who-needs-reforms-while-preserving-political-independence-panel-idUSKBN27L1WA)

¹² Paun, Carmen, 2020. 'Countries plot changes to World Health Organization once pandemic recedes', *Politico*, 2 October 2020, <https://www.politico.com/news/2020/10/02/countries-plot-changes-at-the-world-health-organization-once-pandemic-recedes-425072>



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is an unexpected attack by an unknown virus against human beings,” the rebuttal said. It maintained that China has been transparent with the information provided. “Statistics show that very few cases were exported from China,” it said. China’s preference to keep the powers of the WHO limited were on display repeatedly in 2020-21 when it repeatedly blocked or delayed WHO investigations of the coronavirus pandemic. China supports international cooperation, but stresses national sovereignty more.¹³

European Union: Led in the WHO by France and Germany, the 27 Member States of the European Union agree that the current funding system, based four-fifths on voluntary contributions, is not sustainable if the WHO is to meet the world’s multitude of demands. They also agree the WHO requires greater authority to investigate disease epidemics, that Member States be required to grant the world health body speedy access to places experiencing disease outbreak. The WHO’s investigatory network should be enabled to “immediately perform outbreak investigation” in member countries, France and Germany say, ‘This would allow the WHO to alert the world about a potential global emergency sooner,” they add.

Latin America: Regional activist governments, such as Chile, propose reforms to give the WHO speedy access to any place experiencing an epidemic disease outbreak. Chile, for example, has recommended creation of an *Emergency Verification Committee* to “proportionally evaluate situations or events that could be underestimated, thus hampering decision-making.”

Russia: Russian President Vladimir Putin said during a speech at the United Nations General Assembly that the work of the WHO needed qualitative strengthening. Daria Rudakova, a spokesperson for the Russian Federation’s mission in Geneva, provided some additional details about what that means: more money, more transparency, and more accountability to member countries. For Russia and like-minded countries, reforms should come from within the WHO system, above all through the World Health Assembly, and not be imposed externally.

Some proposals for action

The General Assembly Sixth Committee (Legal) is expected to stress changes in the responsibilities of UN Member States and the rules governing the World Health Organization. The UN General Assembly cannot demand legal changes, it can only recommend, but its recommendation carry great weight, especially since the same Member States also are in the WHO’s World Health Assembly.

Give the WHO the ability to sanction its Member States, to demand cooperation to act against pandemic. Unable to assert authority, WHO must rely on persuasion to gain countries’ cooperation, leading to many of the criticisms the organization receives. The International Health Regulations currently mandate that governments report any “public health emergencies of international concern” and cooperate with WHO to take action, but WHO has no legal ability to enforce this. The

¹³ Reuters, 2021. ‘Timeline: China and World Health Organization during COVID-19 crisis’, *Reuters*, 12 January 2021, <https://www.reuters.com/article/us-health-coronavirus-who-china-timeline/timeline-china-and-world-health-organization-during-covid-19-crisis-idUSKBN29I0FR> ; Quin Pollard, Martin , and Thomas Peter, 2021. ‘WHO team, on tightly

controlled China mission, visits hospital’, *Reuters*, 30 January 2021, <https://www.reuters.com/article/us-health-coronavirus-who-china/who-team-on-tightly-controlled-china-mission-visits-hospital-idUSKBN29Z0AD>



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regulations must be reformed to include enforceable sanctions against countries that fail to comply with their mandate.

Experts often cite the World Trade Organization as an example of an international organization with the ability to impose sanctions on its member countries when they fail to abide by its rules. While the WTO dispute settlement mechanism has worked imperfectly in recent months because of U.S. blockages, it nevertheless remains an important model to explore alongside other mechanisms to allow WHO to assert authority over its member states, especially in moments of crisis.¹⁴

Increased pre-set, dues-based funding: Many experts point to WHO's limited budget, which is less than many major hospitals, as the main culprit for its failings. The share of unearmarked funding is also ridiculously low, with membership dues representing less than 20% of the agency's total budget.

This limits WHO's ability to fully control the scope of its work. A downward trend has been observed for decades now, so a simple call for more funding from member states will likely not be sufficient unless a strong coalition of countries emerges.

While the latter could be pursued, supporters of the WHO might also look into innovative financing mechanisms to raise untied money that is not attached to any specific project.

For example, the General Assembly could explore replenishment mechanisms — such as the ones used by Gavi, the Vaccine Alliance and The Global Fund to Fight AIDS, Tuberculosis and Malaria — or assess how to collect higher taxes on global transactions, like UNITAID does for airline tickets. A bigger, untied budget for

WHO would not only sustain important global activities, but would help the organization maintain a narrow, strategic focus rather than pursuing a wide net of funding opportunities.

Open governance: Alongside its budget, there also are calls for the governance of WHO to be reformed to facilitate the inclusion of alternative voices, such as from the civil society, and to better channel the influence of private philanthropists. Again, mechanisms used by other international organizations — for example, The Global Fund or those in the climate change space — should be assessed to broaden the governance base of the organization without losing its democratic focus.

Broad technical expertise: WHO needs its technical focus but also should consider broadening its expertise to include more input from political scientists, urban designers, lawyers, logisticians, or information technology specialists. While the technical focus of the organization can legitimate its public health recommendations and ensure its diplomatic impartiality, bringing new technical expertise on board can expand the organization's authority on topics that are outside the public health realm but have a strong impact on it, such as digital technologies or social determinants of health.

Further study of the issue: When unable to achieve consensus for major change, the General Assembly can choose instead to authorize the UN Secretary General to further study the issue and make recommendations. This allows the General Assembly to act without acting, to stay engaged without risking division or controversy. The terms for a study need to be specified: how will committee members be chosen, what areas are they to examine, what kind of recommendations, where do they go, and what comes of them?

¹⁴ Chaumont, Claire , 2020. 'Opinion: 5 ways to reform the World Health Organization', *DeVex*, 55 August 2020, <https://www.devex.com/news/opinion->

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