The case for WHO reform

Blog post by Beatrix Thompson and Ana Mendes, 10 November 2020

The World Health Organisation has not performed well in response to the covid-19 crisis. In a video-conference discussion of EU health ministers on October 30th, it was unanimously agreed that the WHO was not fit for purpose and required an overhaul to boost transparency and accountability. With the WHO's largest contributor, the USA, withdrawing its membership, an already patchy record on recent epidemics and multiple investigations into its response to covid-19 underway, the organisation has reached a tipping point.

Critics cite two basic problems with the body: the need to do more with reduced resources and a need to be better prepared to respond quickly for future pandemics. We can break the reform arguments out into three basic categories.

The first is around capacity and expertise. This has been strongly pushed by Paris and Berlin. They argue in particular for recruitment of senior field epidemiologists and the establishment of a Chief Scientist's Office inside the WHO to raise confidence in its guidance. Senior field epidemiologists would push up the reliability and timeliness of pandemic alerts, facilitating more effective preparedness and responses to crises. However, a call for capacity building questions the WHO's authority to direct members.

The second is improved transparency and accountability. The EU has called for more effective and transparent oversight over national compliance with International Health Regulations (IHR) to help surface problems faster. This is prompted by China's resistance to an independent investigation into the origins of covid-19 during the early stages of the pandemic, and reluctance to share useful data. EU health ministers also discussed plans to allow independent epidemiological assessment on-site by WHO teams in high-risk zones. Such assessments would reduce the need to rely on input from local authorities in assessing the risk of future outbreaks. Obviously, such access depends on member state cooperation. The French have proposed for a sanctions mechanism on states that resist transparency. This might work, but it would definitely alter the politics of the WHO's role.

The third category of reform is funding and the influence of funders. The EU is calling for an overhaul of the WHO's funding structure, in part to reflect the loss of the US. This will leave the Bill and Melinda Gates Foundation as the largest WHO contributor, a role that has attracted some criticism over the Foundation's influence. The EU proposes increasing untied funding as a way of strengthening the WHO's control over the scope of its own work, and as such addressing potential country-bias. There is also a strong case for spending reform. Last year's programme budget saw an $18m reduction in administration and management costs in order to drive greater efficiency and knives are out for the $192m in house travel budget.

This week's World Health Assembly will consider a range of strategies for reform. The elephant in the room is whether a Biden Presidency in the US can bring the US back on board and whether the US and China can develop any kind of rapprochement on the rift deepened by covid-19. Ideas like

those floated by the EU would arguably produce a better WHO, but it also needs to be a WHO that these two key players can live with, and in.

For the life sciences sector in particular, collaboration rather than divergence between China and the West can only make approaching challenges such as vaccine development and deployment easier. A strong and effective WHO can be a platform for sharing epidemiological and population-based data, as well as medical and genomic data, to advance public health and be better prepared to deal with health emergencies. This is turn can be a stepping stone to greater collaboration between member states and the formation of global standards on health data. This week will probably be too early to fix what has gone wrong with the WHO, but it might signpost the start of the journey.