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The Most Important Challenges of WHO and Its Responses

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Abstract

Since its establishment, the World Health Organisation (WHO) has made important contributions to global health governance. However, economic globalisation makes public health issues become cross-national easily and poses a threat to the security of all mankind, which puts forward higher requirements for WHO. However, WHO faces challenges such as financial crisis, lack of governance autonomy and low internal governance efficiency caused by the decentralised power, which hinder its further role. This essay explores the most important challenges facing WHO and discusses how it should respond.

Keywords: The World Health Organization, challenges, responses

1. Introduction

WHO is a subordinate organisation of the United Nations and the largest intergovernmental health organisation in the world. It focuses on the prevention and control of infectious diseases. In addition, reducing the impact of non-communicable diseases, reproductive health, development, aging, food and health safety, occupational health and drug abuse are also the main work areas of WHO (Brown, et al., 2006). Economic globalisation makes public health events easily cross the national boundaries, which requires a stronger governance capacity of WHO. However, WHO is facing challenges such as financial crisis, the lack of governance autonomy and the low internal governance efficiency caused by the decentralised power, which makes it unable to play a full role in global health governance. Therefore, WHO needs great changes (Bloom, 2011). As early as the 1990s, WHO was considered to be at the critical moment of reform (Smith, 1995). This essay argues that WHO should abide by the principle of "increasing revenue and reducing expenditure", solve the financial crisis by innovating financing ways and accurately scheduling existing funds, develop global health governance norms to ensure governance autonomy and independence, and appropriately centralise power to improve governance efficiency.

2. Challenges

2.1 Financial Crisis

With the development of globalisation, the cost of global health governance is increasing, but WHO is often unable to make ends meet. Since 1998, the biennial budget of WHO has not only a low total amount, but also a slow growth rate, and even a negative growth rate from 2012 to 2013. The biennial budget from 2020 to 2021 is about US$ 4.8 billion, which is only equivalent to the budget of a large hospital in the US, and less than the annual budget of the Centres for Disease Control and Prevention (CDC). Besides, Mike Ryan, the emergency expert of WHO, claimed on May 25 that WHO is in a financial shortage. Ryan pointed out that WHO called for 1.96 billion dollars to response to the COVID-19 epidemic in February, "If only the funds received are considered, more than 70% of the funding shortage puts WHO in an urgent danger: it is unable to maintain the core functions of emergency priorities". Therefore, the insufficient fund becomes the most crucial barrier for WHO.

There are two main reasons for the financial crisis. One is the maximum limit of assessed contributions (AC),

the other is the defect of voluntary contribution mechanism. First, assessed contributions are paid by member states, the total amount of which is determined by the wealth and population status of the country. In recent years, the proportion of assessed contributions in the WHO budget has declined to less than 20%. This is because *The Helms Biden Agreement* has set the maximum limit for the AC of the United Nations and affiliated organisations, including WHO. As a result, there is no significant increase in WHO budget for more than 20 years, and even decreased in several years. At the same time, the function of WHO is expanding, and the financial constraints are becoming more and more serious, which makes it difficult to focus on its core functions and work (Samarasekera, 2008).

Second, another and the most important source of funding for WHO is voluntary contributions (VC). Voluntary contributions are donated by member states as well as other United Nations organisations, intergovernmental organisations, charitable foundations and the private sectors. However, there are some defects in VC, one of them is that most VC are thematic contributions that must be used in the areas designated by the donors, so that WHO cannot utilise these contributions flexibly. Besides, in order to implement the plan funded by thematic contributions, WHO needs a certain proportion of the implementation cost, which has been repeatedly approved as 13% of the contribution for many years, but many donors do not pay the cost in proportion (Han, 2020). As a result, WHO has to use flexible funds to implement the thematic voluntary contribution scheme, which aggravates the financial crisis.

2.2 Lack of Autonomy and Independence of Governance

Centralisation and independence of international organisations guarantee their efficiency (Butler, 2011), and WHO is no exception. However, it is an indisputable fact that its independence is threatened (Hoffman, 2010). For a long time, the setting of health governance agenda has been dominated by big powers, and the policymaking of WHO is subject to the will of big powers as well (Aginam, 2007). For example, in order to help developed countries establish a “Maginot Line” for the prevention of infectious diseases and give early warning of infectious diseases in developing countries, WHO has made strengthening the global monitoring mechanism of infectious diseases a priority, rather than strengthening the basic health capacity building of developing countries. Ironically, this “Maginot Line” did not play a role in the COVID-19 epidemic (Cai & Yu, 2021).

This is mainly due to financial dependence. Firstly, arrears of assessed contributions have become a tool for big powers to intervene WHO behaviours. Take the US, the most important source of assessed contributions for WHO, as an example, in 2020-2021 period, it should bear 22% of the total cost, that is, US$ 237 million. In the past 20 years, the US has always been in arrears. According to Article 7 of the Charter of the World Health Organization, member states have the obligation to pay their AC, otherwise the World Health Assembly will cancel the voting rights of member states (WHO, 1948). However, only when members are in arrears for two consecutive years will they be punished and lose voting rights (WHO, 1988). The US has made good use of the rule. Its arrears will not exceed two years, so the arrears almost have no impact on the state. As a result, arrears of AC to make financial crisis for WHO becomes a mean for the US to intervene the organisation.

Besides, WHO over relies on voluntary contributions. The proportion of VC in the budget rose sharply from 61% in 2002-2003 to 84% in 2020-2021 (WHO, 2020). Thus, voluntary contribution dominates the budget. Because most voluntary contributions are conditional, WHO lacks autonomy in the utilisation of these funds. To make matters worse, some donors utilise the dependence to pursue their own interests. For instance, in June 2018, when the General Assembly of WHO was about to pass the resolution on encouraging breastfeeding proposed by the Ecuadorian government, the US government claim that “if other countries agree the agreement, the US will reduce its voluntary contributions” (Observer, 2018). As a result, the resolution failed to pass. Even in the funding and financing reform launched by WHO, core voluntary contribution (CVC) was set, which are fully unconditional, however, the contribution represents only 3.9% of all VC (WHO, 2021) and is only a drop in the bucket (Han, 2020). Therefore, the excessive dependence limits the autonomy and independence of WHO.

2.3 Decentralised Power Leads to Low Governance Efficiency

WHO has six regional offices, which are independent of each other and have a high degree of autonomy in personnel, budget and decision-making. The organisational structure of decentralised and sub regional governance directly leads to the separation of WHO headquarters and regional offices, and the loose internal governance structure. Scholars even claim that there are seven WHO (Butler, 2011). Due to excessive decentralisation, WHO cannot analysis efficiently the actual circumstances of local public health, and is unable to formulate effective strategic planning, which leads to the trust crisis of Member States (Godlee, 1994).

3. Responses

WHO is a multilateral platform for global health governance and an authoritative body for health issues guidance and coordination (Yamey, 2002, pp. 1295). Even though it is facing challenges, the future global health governance should continue to adhere to multilateralism and to support rather than weaken WHO (Yamey, 2002,

pp. 1297).

First, broaden the sources of funds and allocate existing funds accurately. WHO can employ the principle of "increasing revenue and reducing expenditure". On the one hand, first of all, the "zero growth principle" of assessed contributions needs to be discussed and reformed; Secondly, WHO can innovate financing mechanism, such as enhancing interactions with other global health governance actors and integrate their funds into WHO governance projects. On the other hand, WHO needs to set strategic priorities and spend limited funds precisely on those most in need. WHO may also consider organising volunteer work or providing internships to reduce personnel costs such as wages.

Second, to formulate norms such as international health treaties and voluntary codes and give full play to the authority of WHO. WHO was founded as a normative organisation, which has the international legislative power. However, it has only adopted two major health agreements, that is "The International Health Regulations" and "The Framework Convention on Tobacco Control", in the past 75 years. The others are "soft laws" such as resolutions, recommendations, guidelines and standards, which are not as binding as international laws. The reason for establishing norms is not only that it is constitutionally prescribed, but that it will drive change better than technical support (Zicker, 2019). The development of norms can help to set the global health agenda, guide priorities, coordinate activities, and affect key state and non-state actors (Jin, 2013).

The development of global health governance norms requires member states to transfer some sovereignty. In fact, the current global health issue is not only a medical technology problem, but also involves many complex and difficult policy balances under the concept of sovereignty (Sridhar, et al., 2014). Countries have long been reluctant to give up sovereign control over some issues. For example, some high-income countries in COVID-19 pandemic did not report the local situation to WHO, and also did not share data and information with WHO (WHO, 2020). But under the economic globalisation, the impact of public health emergencies is global. The global supply of health products is the common responsibility of the whole world, which is related to the social development and world security. Therefore, all members must unite, consciously abide by the norms of global health governance, and sacrifice part of national interests for the interests of all mankind. This can not only rescue WHO from the dilemma of power politics, but also promote the global health governance.

Third, through appropriate centralisation to improve the governance efficiency. To change the situation that WHO head and regional offices are separated from each other, it is necessary to break through the principle of decentralisation stipulated in the past law. The head office needs to centralise power, and the director general should have enough decision-making power on the deployment, specification and deployment of the human, financial, material and information resources in global health emergencies. Only in this way can WHO have the ability to formulate and implement coherent global policies.

4. Conclusion

The World Health Organisation is facing challenges, such as financial crisis, insufficient governance autonomy and independence, and low efficiency of governance. In this regard, it should innovate financing channels and accurately dispatch funds. It can also develop global health governance norms to give full play to its authority as a normative organisation. Besides, it has to ensure the executive power of headquarters through appropriate centralisation, so that the efficiency of governance can be ensured.

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