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ESSAY

WHO in its present form is not fit for purpose—an essay by Anthony Costello

The World Health Organization is needed now more than ever, but it is handcuffed by lack of funds and a structure that leaves it vulnerable to politics. These problems can be fixed, and must be urgently, writes **Anthony Costello**

Anthony Costello *professor of global health and sustainable development* *former director of maternal, child, and adolescent health*^{1,2}

Debate about the future for the World Health Organization (WHO) has never been more important. *The Economist* estimates that the covid-19 pandemic has killed up to 18.2 million people.¹ The economic crisis induced by the pandemic is a terrible setback to health, development, and poverty alleviation. The International Monetary Fund suggests \$22tn (£16tn; €19tn) will be lost in the period 2020–25—the deepest shock to the global economy since the second world war and the largest contraction of national economies since the Great Depression.² Up to 125 million people have been pushed into extreme poverty.³

WHO faces enormous and growing challenges: covid-19, vaccine apartheid, emerging infections, increased food emergencies, disruption to health systems, a pandemic of non-infectious conditions such as obesity, cardiovascular disease, diabetes, and mental ill health, and the objective of universal health coverage, to say nothing of the routine plagues of HIV, tuberculosis, malaria, and childhood pneumonia. Above all, WHO must respond to a deteriorating climate crisis, the greatest global health threat in our century, which imperils the future of our children and young people.^{4 5}

But WHO in its present form is not fit to meet these challenges. It needs systemic reform to build the

confidence of citizens and states around the world, to attract funds, and to build global scientific networks.

Hamstrung budgets

WHO is a member state organisation, with a democratically elected director general and clear accountability each year to the World Health Assembly of states. On paper, it is the most accountable part of the United Nations. For more than 20 years though, health funding has bypassed WHO, and been diverted to less accountable bodies such as the Global Fund, UNAIDS, and the Global Financing Facility. The current annual financial settlement for WHO is wholly inadequate—little more than the budget for my university. For 2018–19, annual revenue averaged \$2841m but increased by 38% in 2020 owing to \$1966m eventually provided for emergencies including covid.⁶

In the 1970s, three quarters of WHO funding came from assessed contributions by member states, but the proportion has fallen to below 10%, a derisory \$379m in 2020. The rest comes from voluntary contributions by countries and philanthropists tied to myriad projects and conditions (fig 1).

Fig 1 | WHO funding

On 5 February 2020, the incumbent director general, Tedros Adhanom Ghebreyesus, called for \$675m from member states to support a global response to the covid-19 pandemic. A month later he told me WHO had received just \$1.2m, “from Ireland, thanks to Mike Ryan (WHO’s head of emergencies, who is Irish).”

It beggars belief that two months into a global pandemic, member states had failed so miserably to finance WHO. In May 2021 the Independent Panel on Pandemic Preparedness, chaired by Helen Clark and Ellen Johnson-Sirleaf, recommended that member states immediately increase contributions to two thirds of the WHO budget.³

Such a small budget cannot possibly cover the breadth of global health challenges handled by WHO, which has headquarters in Geneva and six regional offices in the Americas, Europe, Africa, eastern Mediterranean, South East Asia, and the western Pacific.

For one thing, WHO’s data collection and analysis function, critical for policy and rapid response, requires urgent strengthening around the world. The often conflicting data received from various UN sources and universities can confuse our understanding of health and disease. Research coordination across regions needs far greater attention and cannot be mixed with politics. Much stronger emergency capacity could help build resilience to pandemics and climate change, and focus on humanitarian needs.

Genuine reform of WHO could bring enormous benefits for health and economic security, but member states must engage proactively, take on active scrutiny and oversight of the organisation, and learn first hand the value of increased funding for effective health. For example, an IMF proposal to vaccinate 60% of the world’s population against SARS-CoV-2 by 2022 would cost \$50bn but return \$9trn in economic benefits, a return-on-investment ratio of 180:1.⁷

Reform

Soon after he became director general, Tedros called in management consultancies McKinsey, Boston Consulting Group, Deloitte, Preva Group, Seek Development, and Delivery Associates to implement a wide ranging reform process.

Certainly, he has simplified and focused the mission objectives of WHO down to three: emergencies, universal health coverage, and health promotion. But millions of dollars were spent with little apparent impact. Core funding has not increased and member states remain largely inactive. Financial cuts have led the director general to ban all external appointments, potentially diminishing creativity and the energy of contrarian ideas.

For decades, WHO has struggled with three major organisational challenges: a rigid financial straitjacket maintained by its member states; a blurring of its scientific, technical, and political/diplomatic functions; and a federation of regional office fiefdoms led by locally elected directors without mobility of technical staff.

Major reforms could re-energise WHO, attract new funds, and ensure better global health security. I recommend three key changes that others have suggested before.

Firstly, a new, permanent and independent executive board from member states should be resident in Geneva to hold WHO accountable and incentivise new funding. It would restore the engagement of powerful member states with WHO and replace the current system of assistant director generals (who are appointed by the director general). The largest donor countries should be represented on this permanent body. Political appointees should no longer be involved in the management of WHO directors and scientific processes. WHO funding could more than double as a result of greater confidence among donor nations.

Secondly, there should be a clear split in the political and technical functions of WHO.^{8,9} The director general should manage the political and diplomatic functions, such as support for regional offices, relations with member states, and management of emergency responses.

The director general's secretariat could coordinate annual accountability to member states at the World Health Assembly, not only of WHO but of all UN health activities (World Bank, Global Fund, UNDP, UNAIDS, Unicef, and others). Accountability is fragmented. These other bodies are often accountable to unelected boards, yet they spend large amounts of taxpayer money. The director general should be elected by secret ballot of member states and should serve a single seven year term as recommended by the recent Independent Review.³

An independent WHO scientific director should oversee the science and norms of the organisation, including research, collection and analysis of global health data, the development of global and regional disease control and prevention networks, evaluation of country programmes, and WHO research groups. The person should not be a political appointee but an internationally distinguished scientist, competitively selected, with strong experience in effective senior administration, and a commitment to build or strengthen networks of scientific excellence globally, in Geneva and in each of the six regions.

The scientific director would be independent, report separately to a board of scientists, and be appointed by member states at the World Health Assembly. They would oversee and respond to global health data and analysis, the evaluation of programmes, new research findings, the evidence basis for prevention and control of diseases, and updated guidelines. They would also have a seven year single term of office, but not coterminous with the political director general. The appointed person would be accountable to the chair of the executive board of member states but work closely with the director general on a par with regional directors.

With new funds, the work to improve quality of health data, evaluation, and research across WHO, and through global and regional networks, could be supported by advisory boards of global experts—science, biostatistics, economics, evaluation, implementation science, and social and behavioural science. With a new scientific leader and separation of science from policy, funding for WHO-linked pandemic and disease prevention and control could increase dramatically from member states and foundations. The Framework for Engagement with Non-State Actors will protect issues from conflicts of interest. Global and regional scientific meetings would regularly liaise with the world's best scientists, mostly online, to share data, discuss important topics, and respond quickly to threats.

Finally, WHO must strengthen regional centres with expanded mobility of staff. Its current regional structure is commendably devolved, but suffers from a lack of mobility and limited funding. Member states in the regions usually lobby for WHO appointments from their own ministry and/or politically connected officials. Regional directors are elected, not appointed by the director general, so—being dependent upon regional country votes for re-election—they are incentivised to employ people only from the region. With little movement between regions, or even from Geneva to regional or country offices (unlike organisations such as Unicef, where appointments are made from the centre), parochial thinking and local nepotism are major risks.

For the same reason, WHO should encourage staff to spend time in different regions from their country of origin. The director general

and member states should approve a quota—maybe 30%—of non-regional programme and technical staff in each region, with all staff appointments for five years, renewable based on appraisal.

In some ways, these three reforms could reinforce each other and break the vicious cycle of lack of confidence in WHO by its member states, inadequate donor finance because of a perceived decline in technical, data, and scientific expertise, and regional office insularity. It is time for member state nations to step up, to help WHO to reform radically, and to give it the heft and finance to coordinate effective solutions for global health. Failure to respond now risks millions of lives and trillions of dollars in future.

Biography

Anthony Costello trained in paediatrics, has conducted large population trials of medical and social interventions to cut maternal and infant deaths in poor populations, and since 2007 has chaired two Lancet Commissions and the Lancet Countdown for Climate and Health Action.

Competing interests: I have no conflicts of interest. I used to work for WHO and I am committed to expanding its role as a democratic, multilateral organisation for global health. I also work closely with WHO staff on the Lancet Countdown for Climate and Health Action, and on the WHO, Unicef, Lancet Children in All Policies programme. The views expressed in this essay are personal.

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- 1 The pandemic's true death toll. *The Economist*. <https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>
- 2 Gopinath G. A long, uneven and uncertain ascent. IMFblog. International Monetary Fund. 2020. <https://blogs.imf.org/2020/10/13/a-long-uneven-anduncertain-ascent/>
- 3 Clark H, Johnson-Sirleaf E. Covid-19: make it the last pandemic. The Independent Panel for Pandemic Preparedness and Response. 2021. <https://theindependentpanel.org/mainreport>
- 4 Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change: Lancet and University College London Institute for Global Health Commission. *Lancet* 2009;373:1693-733. doi: 10.1016/S0140-6736(09)60935-1 PMID: 19447250
- 5 Watts N, Amann M, Arnell N, et al. The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises. *Lancet* 2020. doi: 10.1016/S0140-6736(20)32290-X. PMID: 33278353
- 6 World Health Organization. Programme budget 2020/2021. <https://www.who.int/about/accountability/budget>
- 7 Agarwal R, Gopinath G. A proposal to end the covid-19 pandemic. International Monetary Fund. 2021. <https://www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2021/05/19/A-Proposal-to-End-the-COVID-19-Pandemic-46026>
- 8 Hoffman SJ, Rottingen J-A. *A clear firewall should exist between science and politics. Split WHO in two: strengthening political decision-making and securing independent scientific advice*. Royal Soc Public Health, 2013, doi: 10.1016/j.puhe.2013.08.021.
- 9 Frenk J, Moon S. Governance challenges in global health. *N Engl J Med* 2013;368:936-42. doi: 10.1056/NEJMr1109339 PMID: 23465103