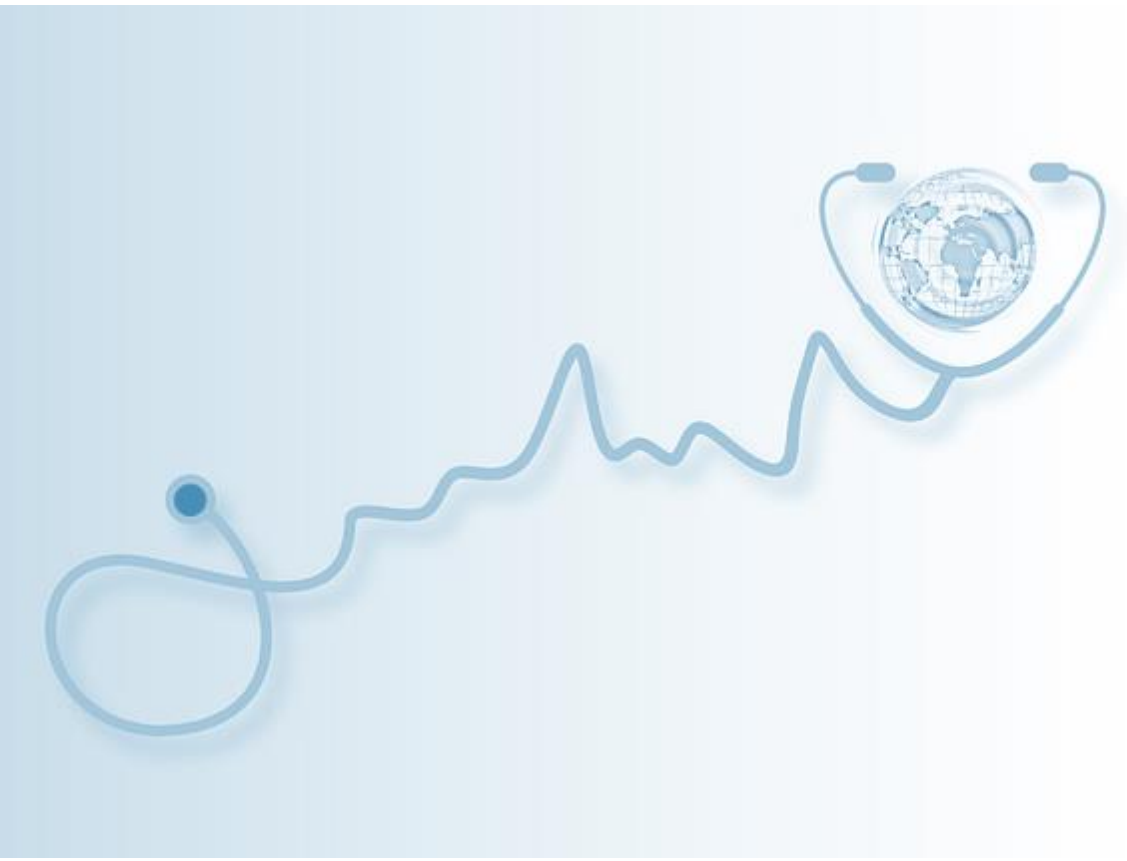


Briefing Paper

# WHO's Role in a Changing World: Why It Still Matters

ASPHER
The Association of Schools of Public Health in the European Region

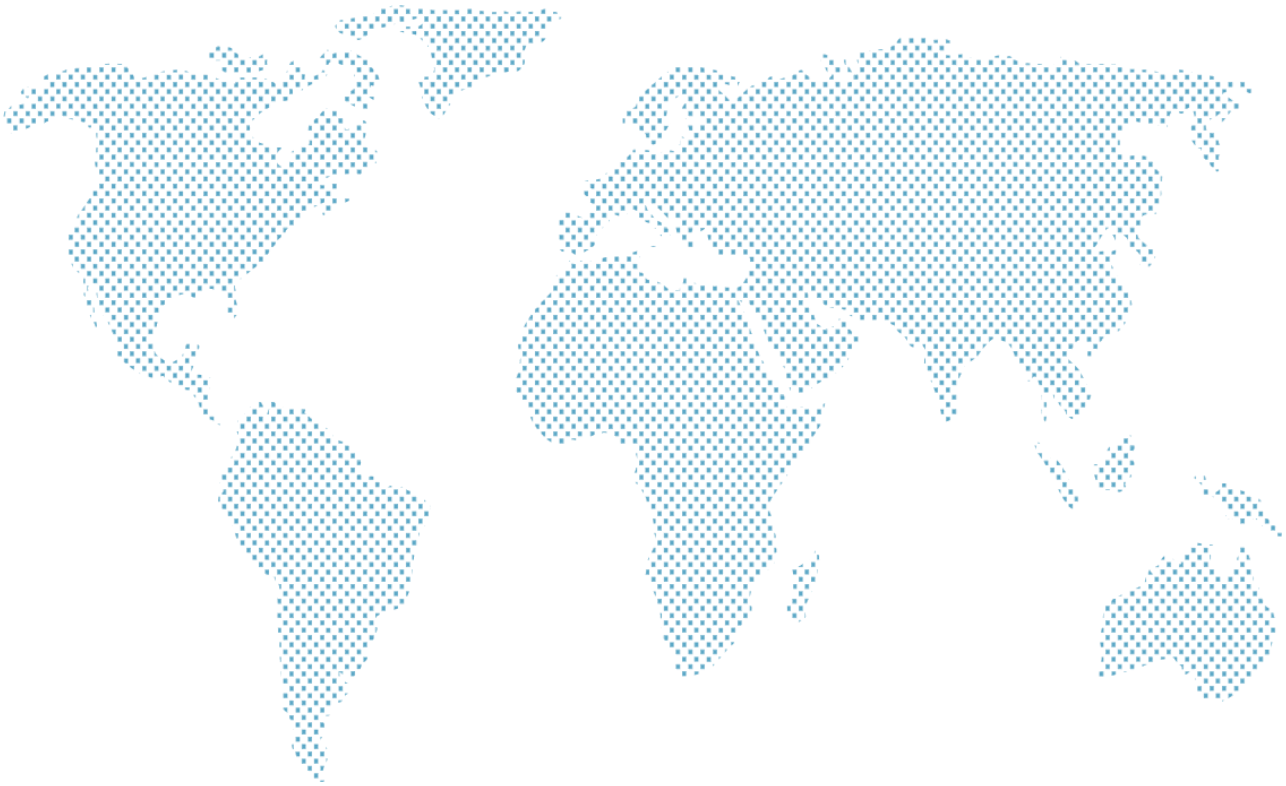
# CONTENTS

## List of authors

Alison McCallum, Ariane Bauernfeind, Mary Codd, Colette Cunningham, Manfred Green, Meri Koivusalo, Henrique Lopes, Avi Magid, Jose Martin Moreno, John Middleton, Dorit Nitzen, Alena Petrakova, Gaetano Pierpaolo Privitera, John Reid, Judit Simon, Brian Wong, Lore Leighton, Robert Otok, Nadav Davidovitch, Henrique Barros.

## Acknowledgement

We extend our sincere gratitude to all ASPHER Public Health Emergencies Taskforce members and ASPHER secretariat who contributed their expertise, insights, and dedication to developing this briefing paper. This document is the result of a shared space for reflection, critical analysis, and inspiration, fostering a proactive approach to addressing key public health challenges for more than five years, since its establishment during the COVID pandemic.



# 1. Introduction

The World Health Organization (WHO) is an essential global institution that plays a unique and irreplaceable role in safeguarding public health worldwide. Without it, a similar umbrella organization would have to be created to address the critical gaps it fills. Below is an analysis of why WHO is necessary, what it does, the functions it covers that other institutions do not and the unique contributions it makes to global health.

# 2. The unique role of WHO in Global Health

WHO is the only global health authority with a **universal mandate** to coordinate international public health efforts by consensus of its members. Its core mission includes disease prevention, emergency response, and strengthening healthcare systems worldwide. Without WHO, there would be a fragmented response to global health challenges, leading to greater inefficiencies, delays, and disparities in health outcomes.

As the primary forum for global health governance, WHO holds the unique responsibility and convening power to bring together those accountable for public health, such as ministries of health from its member states, on equal and collegial grounds. This protected space has been instrumental in fostering collaboration, allowing countries to collectively address health challenges while upholding an environment of solidarity and mutual respect, even amid disagreements. This role is particularly crucial in the face of rising global infodemics, where misinformation, anti-science rhetoric, and anti-vaccination narratives—sometimes amplified by influential international actors, including governments—threaten public trust in health interventions. WHO remains essential in safeguarding a focused and evidence-based approach to global health priorities.

At UN meetings, by comparison, states are represented by foreign offices; the focus here is broader, with less scope for shared discussions and focus on health.

Without WHO, there would be no singular, authoritative, non-partisan body to:

- **Establish global health norms and standards** (e.g., disease classification, WHO Model list of Essential Medicines).
- **Set and uphold global standards for the professionalization, regulation, and sustainability of the health workforce.** (WHO's leadership in workforce development includes development of the global competencies and outcomes framework for the essential public health functions with expert partners, supporting the establishment of accreditation frameworks, guidance to improve equity of access to skilled health professionals, strengthening training programs, health leadership, facilitating cross-border recognition of health qualifications)
- **Coordinate international disease surveillance and response** (e.g., COVID-19, Ebola, Zika).

- **Provide technical expertise and guidance** to countries with less developed health systems or lacking access to a critical mass of expertise in regulation of medicines and health technologies (e.g. WHO Prequalification of Medicines Programme).
- **Ensure equitable access to vaccines, treatments, and diagnostics** (e.g., International Nonproprietary Names -INN, Biosimilars Access Toolkit, intergovernmental negotiations on Intellectual Property Rights -IPR, World Local Production Initiative and Public Health).
- **Facilitate cross-border collaboration** for tackling pandemics, antimicrobial resistance, and emerging health threats (e.g. Antibiotic characterisation AwaRe, Pandemic Influenza Preparedness Framework, climate change and health).
- **Focus on primary care, prevention and the determinants of health** including the Alma-Ata declaration of 1978, WHO Commission on the Social Determinants of Health,2008, Declaration of Asthana 2018, Commercial Determinants of Health 2023, the network of global and regional WHO Collaborating Centres that build and share expertise and evidence, including examples of how local teams can implement best practice.

# 3. WHO as an umbrella organization: covering what others do not

While multiple organizations work in global health (e.g., UNICEF, the World Bank, Gavi, NGOs, regional health bodies), none provide the same comprehensive, coordinated, and legally binding global oversight as the WHO.

## A. Norm-setting & International agreements

WHO develops international frameworks that are legally binding on member states that are signatories for treaties and other actions as agreed by members at the relevant Conference of the Parties or World Health Assembly. No other institution creates multilateral health-focused frameworks and agreements of this type:

- **International Health Regulations (IHR)**: Require countries to report outbreaks and enhance preparedness.
- **Framework Convention on Tobacco Control (FCTC)**: The first global public health treaty on tobacco.
- **Global Air Quality Guidelines**: Setting pollution limits to protect health.
- **Disease prevention, eradication and palliative care plans for tackling conditions that would otherwise remain stigmatised and neglected** (see e.g. https://www.who.int/health-topics/hepatitis/elimination-of-hepatitis-by-2030#tab=tab_1)

WHO cannot, itself, enforce compliance through the courts but this type of ‘soft law’ enables e.g. national governments to apply their legislative and regulatory powers in support of treaty goals (see e.g. ZHOU S.

What Difference Would a Binding International Legal Instrument on Alcohol Control Make? Lessons from the World Health Organization Framework Convention on Tobacco Control's Impact on Domestic Litigation. *European Journal of Risk Regulation*. 2021;12(2):514-529. doi:10.1017/err.2020.76)

Without the WHO, there would be no **universal and unifying standards or mechanisms to hold countries accountable** for global health security. WHO was established under a mandate from the UN, other norm and standard setting bodies provide necessary but partial coverage, are largely sector-specific or industry-led.

## B. Coordinating global health security & emergency response

WHO leads the world's response to pandemics, epidemics, and humanitarian crises:

- Declaring **Public Health Emergencies of International Concern (PHEIC)** to mobilize global action and trigger resource allocation.
- Deploying emergency response teams to outbreaks (e.g., Ebola in West Africa, cholera in Yemen).
- Establishing a global **pandemic preparedness framework**, ensuring rapid vaccine and treatment access.
- Collaborating with local and international partners to **develop and deliver a package of high priority health services in humanitarian situations** (e.g. after disasters and in conflict situations see e.g. https://www.who.int/publications/i/item/9789240089440).

No other agency has the authority or infrastructure to coordinate a **global** health emergency response. Without WHO, each country would act independently, increasing the risk of uncontrolled disease spread. These responses would also be **less timely, less efficient, and less effective, resulting in an excess of negative health outcomes at much higher societal cost**.

## C. Ensuring health equity and access

WHO plays a crucial role in ensuring **universal health coverage and access to essential medicines** by:

- Supporting countries in strengthening **primary healthcare systems**, training health workers, and convening expert advice on workforce planning and competencies.
- Promoting **equitable access** to vaccines, treatments, and diagnostics (e.g., malaria, tuberculosis).
- Addressing **non-communicable diseases (NCDs)** like diabetes, cancer, heart disease and mental health, which are often overlooked in global health funding.
- Developing and testing interventions to address barriers to prevention and treatment faced by socially marginalised and vulnerable populations.
- Remaining even handed under pressure from market forces and donor interests.

### D. Stewardship of scarce and shifting resources

- Relative to its global roles and responsibilities, WHO's annual budget in 2022-3 was approximately 0.07% of the world health expenditure or 0.16% of the US annual health expenditure. In cash terms, this is similar to the annual health expenditures of Bulgaria (6.8 million population), Uruguay (3.4 million population), or Panama (4.5 million population). Reviews of resources required against assessed global need have not translated into increases in core funding for WHO.
- WHO's budget has three elements: assessed (compulsory) contributions based on agreed criteria including national income; additional, voluntary contributions that are less predictable, include donations from countries and individual donors, and for which a proportion are directed towards specific priorities or programmes. There is also an emergency response budget.
- In recent years, the share and number of voluntary contributions has increased. The proportion of WHO's funding based on member states' assessed (fixed) contributions is currently 22% of the total budget. This has made it reliant on voluntary contributions from a small number of countries, regions, and individual donors. Only the core budget funds all of WHO's functions and infrastructure but a reliance on multiple, voluntary funding streams increases the burden of governance and oversight as well as staff time to mitigate the risks of conflicting priorities and silo working.

## 4. WHO as a Public Health organization committed to role modelling ongoing review, learning and improvement

WHO, like all multilateral organisations, must be more transparent, accountable, focused on continuous improvement, learning, and sharing evidence and best practices across all its functions. Critical friends provide the evidence to drive learning and improvement. This is a key aspect of the Association of Schools of Public Health in the European Region (ASPHER)'s collaboration with WHO.

WHO's strengths as a body with standard setting, expert technical and advisory functions and convening powers that is accountable to member states are designed so that its powers to convene and collaborate far exceed its powers to compel non-compliant countries to change course but must use global health diplomacy to meet countries where they are and help them change course at a pace that minimises adverse and unintended consequences. This role has not always been set out clearly.

Given the implications of the stated intention of the US to withdraw from WHO in 2020, the current situation should have been anticipated. A risk management plan, focussed on continuity of support to critical infrastructure and programme delivery should have been co-designed, published, and communicated, in line with best practice.

However, as a consequence of previous investigations and feedback, WHO is reforming. The establishment of the Science Council to advise the Director General on priorities is a welcome start, for example, its advice

and action to date on reducing inequities in access to genomics. WHO's plans should also increase its efficiency, effectiveness, and response to the needs of the populations of member states and disputed territories, regardless of their formal status. It is working to improve the visibility, transparency and quality of its decision making and process for holding itself and member states to account.
It is the responsibility of all member states and convening organizations, particularly the public health community, to stand behind WHO to support its missions and be part of the wider system of improvement and learning.

# 5. What would happen without WHO?

If WHO did not exist, the world would face:

- **Uncoordinated responses to pandemics**, leading to more preventable deaths and economic disruptions.
- **Lack of global health regulations**, making disease control and health security unpredictable.
- **Increased health care inequities**, as low- and middle-income countries would struggle to access vaccines and medical supplies.
- **Fragmentation of efforts**, with multiple organizations working in silos rather than as part of a coordinated response with shared objectives, resulting in:
    - No mechanism to guarantee countries rapid access to validated specialist technical expertise.
    - No focus for coordinating action and monitoring progress towards addressing the determinants of health, including the Sustainable Development Goals.
    - No mechanism for countries to agree, respond to, measure progress towards global strategic health priorities.
    - No formal setting for countries to hold each other and WHO to account and for the results to be made public.
    - No prioritisation of disease eradication (smallpox and polio)
- **Poorer health**, slower and even more uneven pace of human development
- **Increased cost** of spending more on decentralised expertise and facilities due to loss of economies of scale, including flexibility of deployment.

Given these realities, if WHO did not exist, the global community **would have to create an institution like it** to fill the gaps in international health governance, coordination, and standard setting.

# 6. What should happen next?

- **ASPHER and WHO European Region partners** should send a clear statement of financial and practical support for WHO and its functions.
- **ASPHER and WHO European Region partners should collaborate with partners from global organisations including the Global Network for Academic Public Health, World Federation of Public Health Associations, and International Association of Public Health Institutes** to amplify these messages about WHO's functions, ready to restate and evidence these in advance of the world Health Assembly. This would be an initial approach as part of a wider programme of health diplomacy.
- **Member states should ensure core funding and capacity.** Effective institutions require planned, long-term resourcing that follows agreed principles. The current balance between assessed and voluntary funding leaves WHO vulnerable to fluctuations in funding that reflect domestic politics in member states rather than the value or effectiveness of its missions to affected populations. Uprating of assessed contributions, an agreed formula for planned surge funding to address emerging needs and a detailed study of options for broadening the funding base without compromising its role are necessary and urgent.
- The UN should explore the potential for a levy for WHO as part of the implementation of the new UN Framework Convention on International Tax Cooperation scheduled for completion in 2027 (see e.g. https://www.eurodad.org/un_tax_convention_vote). WHO's current strategy and agreed contribution to the Sustainable Development Goals to 2030 provide the framework against which funding, and expertise can be allocated, and progress measured.
- **WHO should enhance its focus on equitable futures**, building on progress made in relation to digital health, genomics, health technology assessment and frugal, sustainable innovation.
- WHO and partners should demonstrate their commitments to continuous improvement and learning and highlight achievements so far directly to the public and local policymakers.

# 7. Conclusion

WHO is indispensable in **preventing, detecting, and responding to global health threats**, ensuring **equitable access to healthcare**, and **setting international health policies**. No other organization can fulfil this role comprehensively. If WHO did not exist, the world would need to create it to avoid chaos in global health governance, disease control, and emergency response. Its role as an **umbrella institution** and ability to provide a **safe, non-partisan space for all countries** to meet, debate, negotiate and agree ensures that no country is left behind in tackling health challenges that transcend borders.

# 8. Appendices

## I. WHO's Mandate

The **World Health Organization (WHO)** is the **United Nations' specialized agency for global public health**, with a mandate to promote **health, keep the world safe, and serve the vulnerable**. Established in **1948**, its constitution defines its primary objectives as **attaining the highest possible level of health for all people**.

**Core Elements of WHO's Mandate**

1. Global Health Leadership & Coordination
   - Acts as the **directing and coordinating authority** on international health matters.
   - Leads **multilateral collaboration** between countries, organizations, and stakeholders.
   - Declares and coordinates responses to **global health emergencies** (e.g., pandemics, outbreaks).
2. Setting Global Health Norms, Standards, and Guidelines
   - Develops international **health regulations and policies** (e.g., **International Health Regulations - IHR**).
   - Publishes **evidence-based guidelines** on disease prevention, treatment, and public health strategies.
   - Establishes the **List of Essential Medicines** and **Disease Classification Systems (ICD)**.
3. Disease Prevention and Control
   - Leads efforts to combat **infectious diseases** (HIV/AIDS, malaria, tuberculosis, polio).
   - Addresses **non-communicable diseases (NCDs)** like heart disease, diabetes, and cancer.
   - Provides technical assistance and funding for **vaccination campaigns** (e.g., eradication of smallpox, polio).
4. Health Emergency Preparedness and Response
   - Declares **Public Health Emergencies of International Concern (PHEIC)** (e.g., COVID-19, Ebola).
   - Deploys rapid response teams for disease outbreaks and humanitarian crises.
   - Coordinates **global pandemic preparedness and response frameworks**.
5. Promoting Universal Health Coverage & Strengthening Health Systems
   - Works with countries to achieve **Universal Health Coverage (UHC)**.
   - Develops strategies for **primary healthcare, maternal and child health, mental health, and nutrition**.
   - Provides funding, training, and policy guidance to strengthen health systems globally.
6. Addressing Environmental & Social Determinants of Health
   - Develops guidelines on **climate change and health, air pollution, and environmental risks**.

- Advocates for policies addressing **social determinants of health** (poverty, education, and inequality).
- Establishes frameworks for **healthy living, urban planning, and community participation**.

**WHO's Role as an Umbrella Institution**

Unlike other health-focused organizations, WHO is the **only institution with a universal mandate** to set legally binding health policies, coordinate international responses, and ensure health equity worldwide. It acts as the **umbrella organization** for global health governance, uniting efforts from governments, NGOs, and private sectors.

## II. WHO Reforms

The World Health Organization (WHO) has been undergoing comprehensive reforms to enhance its effectiveness, efficiency, and responsiveness to global health challenges. Key areas of these ongoing reforms include: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-156th-session-of-the-executive-board-3-february-2025

### 1. Organizational Transformation

- **Structural Overhaul**: WHO has restructured its organization to function more cohesively across headquarters, regional, and country offices. This includes the creation of new divisions such as Antimicrobial Resistance and the appointment of a Chief Scientist to oversee health-based norms and standards. https://healthpolicy-watch.news/who-announces-most-wide-ranging-reforms-in-organizations-history/
- **Process Redesign**: The organization has identified and redesigned 11 major processes, including planning, resource mobilization, communications, recruitment, supply chain, performance management, norms and standards, research, data, and technical cooperation, to improve efficiency and effectiveness.

### 2. Implementation of Reform Recommendations

- **Agile Member States Task Group**: WHO has acted on the recommendations provided by this task group to enhance its agility and responsiveness to member states' needs.
- **Secretariat Implementation Plan**: Out of 97 proposed reforms, 85 have been implemented, focusing on various aspects of the organization's operations to strengthen its capacity to address global health issues.
- **Action for Results Group**: Led by WHO Representatives, this group focuses on strengthening country offices to ensure that WHO's impact is felt at the national level, enhancing support for member states.

### 3. Financial Reforms

- **Broadening the Donor Base**: To reduce reliance on a handful of traditional donors, WHO has been working to broaden its donor base. This includes efforts to increase assessed contributions from member states, with a recent recommendation for a 20% increase to ensure more predictable and sustainable funding.

These reforms are part of WHO's commitment to continuous improvement, aiming to better serve member states and address global health challenges effectively.

## III. Practical Examples of WHO Functions in Action

The WHO plays a fundamental role in promoting global health through various key functions:

### 1. Norms and Regulations

- Development of international standards such as the **International Health Regulations** and the **WHO Pandemic Agreement**.
- Oversight and regulation of medicines and vaccines, with **33 regulatory agencies designated as WHO Listed Authorities**.
- Prequalification of medicines and medical devices, with over 87 products evaluated in 2024.
- Issuance of alerts on falsified medicines and guidelines on essential pharmaceutical ingredients.

### 2. Education and Training

- Training of healthcare professionals through the **WHO Academy in Lyon, France**.
- Integration of behavioural science into public health strategies.

### 3. Prevention and Control of Non-Communicable Diseases (NCDs)

- Implementation of the **Framework Convention on Tobacco Control (FCTC)**, which has reduced global tobacco consumption by one-third.
- Support for the **Tobacco-Free Farms Initiative**, benefiting over 9,000 farmers in Kenya and Zambia.
- Leadership in the **Acceleration Plan to Stop Obesity**, involving 34 countries.
- Publication of new guidelines on child malnutrition and strengthening strategies to address NCD risk factors.

### 4. Climate Change and Health

- Support for countries in developing **climate-friendly and climate-resilient** health systems.
- Agreement at **COP29 in Azerbaijan** to keep health at the centre of climate negotiations.

### 5. Universal Health Coverage (UHC)

- Expansion of equitable access to healthcare through the **UHC Partnership**, supporting 125 countries.
- Integration of **refugee and migrant health** into national systems in countries such as Ireland, Panama, Uganda, and Colombia.

### 6. Antimicrobial Resistance (AMR)

- Increase in countries reporting antimicrobial use data from 36 in 2021 to 98 in 2024.
- Implementation of surveillance for **antibiotic-resistant gonorrhoea** in 13 countries, reducing treatment failure from 11% to 0% in Cambodia.
- Development of standards for pharmaceutical waste management in antibiotic manufacturing.

### 7. Immunization and Infectious Disease Control

- Celebration of the **50th anniversary of the Expanded Programme on Immunization (EPI)**, which increased childhood immunization coverage from 5% in 1974 to 83% today, preventing 154 million deaths.
- Introduction of new vaccines in 2024:
    - **HPV vaccine** in four countries.

- **Men5CV meningitis vaccine** in Niger and Nigeria.
- **Prequalification of a new dengue vaccine**.
- Distribution of over 12 million doses of **malaria vaccine** in 17 African countries.

- Disease eradication and control:
  - Certification of **Cabo Verde and Egypt as malaria-free**.
  - Elimination of **neglected tropical diseases** in seven countries in 2023, including Brazil, India, and Pakistan.
  - Validation of **Belize, Jamaica, and Saint Vincent and the Grenadines** for eliminating mother-to-child transmission of HIV and syphilis.
  - 35% reduction in TB deaths across 43 countries.
- Development of outbreak response tools:
  - **Mpox vaccines and tests** distributed across 15 countries.
  - Approval of nine **new zoonotic candidate vaccine viruses** for global manufacturing in case of an influenza pandemic.
  - **GISRS surveillance platform** facilitating the sharing of over 100 zoonotic flu samples with collaborating centres.

## 8. Maternal and Child Health

- Publication of guidelines on **neonatal sepsis** and **midwifery care models**.
- Development of acceleration plans in over 40 countries to reduce **maternal and newborn mortality**.
- **Tanzania** opened 30 new neonatal care units.
- **Pakistan, Ghana, Sierra Leone, and Malawi** implemented measures to improve maternal care.

## 9. Mental Health

- Collaboration with **UNICEF in 13 countries**, providing mental health services to 270,000 children, adolescents, and caregivers.

## 10. Emergency Preparedness and Response

- Response to **50 graded emergencies in 2024**, including conflicts, disease outbreaks, and natural disasters.
- Support in **controlling cholera outbreaks in 27 of 33 affected countries**.
- Declaration of a **public health emergency of international concern** over **mpox in the Democratic Republic of Congo**.
- Assistance in humanitarian crises:
  - **Gaza**: Provision of 60% of all medical supplies and 100% of hospital fuel. Coordination of 52 emergency medical teams delivering over 2.4 million consultations and 36,000 surgeries.
  - **Sudan, Haiti, Ukraine, and other conflict zones**: Delivery of medical aid and coordination of health responses.
- **Global health threat surveillance**:
  - Evaluation of over **1.2 million public health alerts** in 2023.

  - **International Pathogen Surveillance Network**, with 230 organizations in 85 countries.
  - Support for 19 countries in **Joint External Evaluations**, with 21 more scheduled for 2024.
- **Specific outbreak preparedness**, including Ebola:
  - Vaccination of **150,000 healthcare workers** in six countries to prevent future Ebola outbreaks.
- Response to emerging epidemics:
  - Monitoring of **avian influenza spread among dairy cattle in the U.S.**
  - Vaccination of **53 million people against Yellow Fever** in five countries.