

ENSURING GLOBAL HEALTH SOLIDARITY AND ACCOUNTABILITY BY INVESTING IN THE WORLD HEALTH ORGANIZATION

by Elizabeth Lovinger and Anthony D. So

Introduction

On July 6, 2020, the Trump administration gave a formal, one-year notice of its intention to end the United States's membership from the World Health Organization (WHO).¹ The WHO is the United Nations agency responsible for issuing public health guidance, mobilizing funding for global health efforts, coordinating public health responses and initiatives, collecting and disseminating data, and advocating for the importance of health as a human right. Despite the outsized importance of such a global health coordinating organization during a pandemic, President Trump had been signaling his desire to withdraw U.S. support for the WHO for months—and had been repeating claims about the WHO's mismanagement of the COVID-19 response and undue influence from China within the institution.² However, in order to respond most effectively to the COVID-19 pandemic and to prepare the global community for future public health challenges, the U.S. must fulfill its existing funding commitments and invest in holding the WHO accountable to member states, civil society, and communities.

According to Trump, the WHO had failed to exert pressure on the Chinese government both to share information about the novel coronavirus and stop its spread beyond Hubei province.³ Trump acknowledged that COVID-19 was "more deadly" than seasonal influenza as early as February, in a taped interview with journalist Bob Woodward.⁴ Later the president said he intentionally downplayed the severity of the pandemic to avoid public panic. Missteps in China did hamper the global response.⁵ Local officials in Wuhan withheld information from national government officials in China,⁶ and this resulted in delays in confirming human-to-human transmission in China and by the WHO.⁷ However, these actions in China cannot fully account for the magnitude

and difficulty of the COVID-19 pandemic; other factors come into play when a disease is airborne and easily transmissible by the asymptomatic. Nor do these actions negate the need for a well-resourced, multilateral public health body. Whatever fault might lie with the WHO's leadership and early actions, they do not warrant U.S. withdrawal from the institution itself.

To respond most effectively to the COVID-19 pandemic and to prepare the global community for future public health challenges, the U.S. must fulfill its existing funding commitments and invest in holding the WHO accountable to member states, civil society, and communities.

In fact, withdrawal only makes influencing reform less likely, as evidenced by the U.S.'s own efforts toward reform through the Group of Seven (G7) process.⁸ Soon after the U.S. announcement of withdrawal from the WHO, Germany and France rebuffed U.S. efforts to lead WHO reform talks at the G7, instead floating their own proposal to strengthen both funding and the ability to call out member states that fail to be transparent in their reporting of future disease outbreaks.⁹ The United Kingdom has also stepped in to fill the void, boosting its contribution by 30 percent, which will make it the largest donor to the WHO after the U.S. leaves.¹⁰

As a member-based multinational institution, the WHO is only as effective as its member states enable it to be.¹¹ The U.S. government pays the largest member state share of assessed contributions, but it has remained in arrears on these payments in 2019 and 2020.¹² In the past, U.S. presidential administrations have leveraged their outsized impact on WHO budgets to advance foreign policy

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objectives such as the Global Health Security Agenda.¹³ Working with the WHO, the U.S. has advanced this agenda to encourage countries to undertake the Joint External Evaluation and assess their pandemic preparedness.

In order to best utilize the WHO's strengths and enact necessary reforms, the U.S. must immediately reverse its decision to withdraw from membership. This must include paying all owed arrears and increasing voluntary contributions to meet the urgency of the COVID-19 response. With this restored position of leadership, the U.S. could play a key role in enacting necessary reforms to make the agency more fully responsive and accountable to the member states collectively, civil society organizations, and the communities it aims to serve.

One such reform could include reserving seats on external policy advisory committees and expert consultations for civil society organizations as key non-state actors. These opportunities to give voice to communities should extend to, and prioritize, the people most directly affected by the particular health issues being addressed. Civil society has

already played a critical role in shaping global health initiatives that helped lay the groundwork for the COVID-19 response, including the Pandemic Influenza Preparedness Framework¹⁴ and the WHO's work on antimicrobial resistance (AMR);¹⁵ an AMR-specific indicator to monitor the UN Sustainable Development Goals;¹⁶ and the goal of "triple elimination" of HIV, viral hepatitis, and sexually transmitted infections.¹⁷ Furthering civil society's involvement in policy-making deliberations at the WHO would strengthen the organization.

In order to enact these reforms and monitor their progress, greater funding is needed to ensure that policy and norm-setting processes have the capacity to take the voices of civil society and communities into their deliberations. In turn, the WHO would benefit from an engagement with these constituencies that would protect its continued role in global health governance among member states. Most important, the U.S. government must recognize that time is of the essence. If we are to safeguard the future of multilateral public health work and prevent future pandemics, the integrity of global health governance through the WHO must be secured and restored immediately. In a pandemic, the cornerstone to global health security is ensuring that the countries of the world have a place to shape collective action and response. This place can only fulfill its promise with sufficient resources and partnership with civil society and communities.

Figure 1: WHO Assessed Contributions by Member State, 2018–19¹⁸

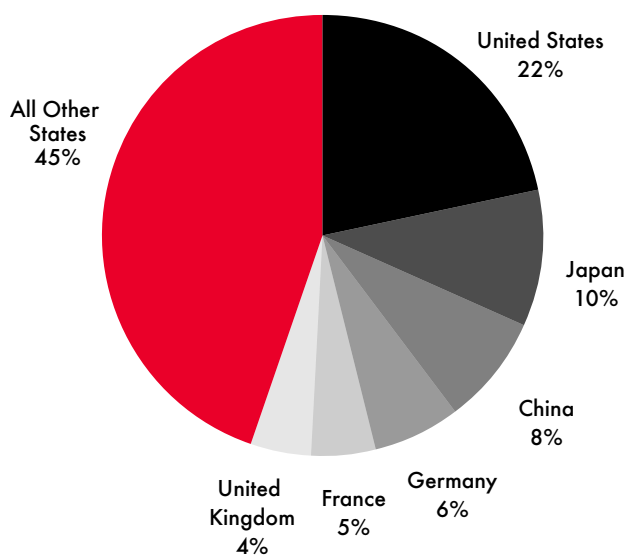
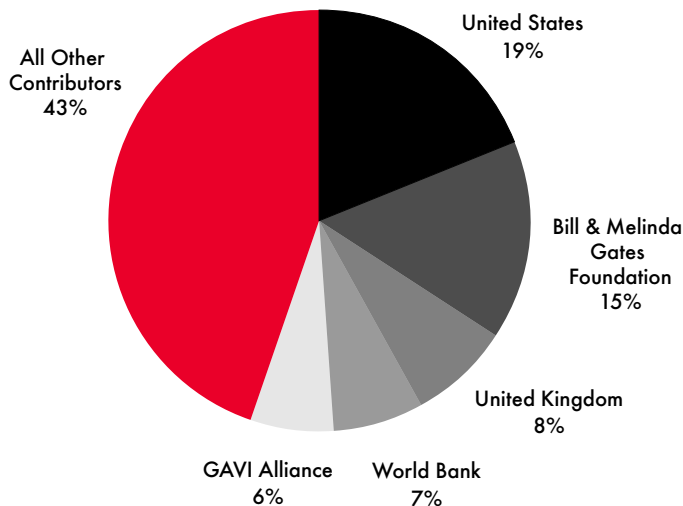


Figure 2: WHO Voluntary Contributions by Member State or Contributor, 2017¹⁹



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