



Updated August 2, 2017

World Health Organization (WHO): Background and Issues

Background

Established in 1948, the World Health Organization (WHO) is a policy making body that directs and coordinates health efforts within the United Nations system. The WHO also establishes norms and guidelines, monitors global health trends, and provides technical support to member states. Perceptions about WHO capacity, particularly around preventing and controlling the spread of disease, are mixed. Examples of WHO accomplishments in disease control include global immunization campaigns that have eradicated smallpox and significantly reduced the presence of wild polio in the world. On the other hand, some criticized WHO's handling of the H1N1 Influenza Epidemic and the 2014 West Africa Ebola outbreak.

On July 1, 2017, Dr. Tedros Adhanom Ghebreyesus became the first African to be elected the Director-General of WHO. His five-year term includes a mandate to improve effectiveness, transparency, and accountability. In addition, Dr. Tedros has set four goals: ensure universal access to health care; respond quickly and effectively to health emergencies; secure the health, dignity, and rights of women, children, and adolescents; and decrease the health impacts of climate and environmental change.

The leadership transition happens amid questions regarding the WHO's capacity to meet its priorities and raise revenues to support those efforts. Some observers believe that the WHO should strengthen partnerships with the private sector and other nongovernmental donors to increase financial support for the organization. Other groups are concerned about how increased funding from non-state actors might influence WHO policy recommendations. This In Focus discusses selected issues currently facing WHO, including reform and funding issues of ongoing interest to Congress.

Key Priorities

The WHO has made progress in its reform agenda. In 2016, the organization adopted a framework to regulate engagements with non-state actors and launched an online repository that provides information about such engagements (see "Transparency"). In addition, the WHO created a portal with data about access to health services and health equity globally and in each member state.

The organization also adopted a two-pronged strategy to bolster revenue streams through increased engagement with non-state actors and member states, particularly middle-income countries. In June 2017, the new Director-General toured the United States and visited key funders, including the Bill and Melinda Gates Foundation and the World Bank. In May 2017, the 70th World Health Assembly (WHA) approved a 3% increase in assessed contributions for the 2018–2019 budget. The WHA adopted a \$554 million budget for the Health Emergencies Program—a new

initiative designed to improve global health and humanitarian response capacity. While some progress has been made in improving operational capacity and instituting reforms, some work remains, as discussed below.

Structure

WHO is headquartered in Geneva, Switzerland, and relies on six regional offices to implement WHO policy within countries. Each regional office is led by a regionally elected director. Regional directors have a high degree of autonomy over the administration of resources. Some critics think that this structure has hindered accountability, fostered wasteful redundancies, slowed policy implementation and reform, and resulted in inconsistent program quality. Others argue that WHO needs strong regional and country offices because budgetary and operational capacities vary across countries and regional directors best understand how to carry out WHO policy under each unique circumstance.

WHO Structure

The World Health Assembly (WHA) is made of 194 member states that meet each May to set WHO policies and priorities. The WHA also appoints the Director-General (DG), reviews and approves the budget, and considers reports of the Executive Board.

The Executive Board is an advisory body composed of health experts from 34 member states. Board members serve three-year terms, with annual meetings in January and May to develop the agenda and draft resolutions for the forthcoming WHA.

The Secretariat is the organization's technical and administrative staff composed of the DG, six Regional Directors, and more than 7,000 people who implement WHO policy and programs worldwide.

The Director-General leads the Secretariat over five-year terms after being nominated by the Board and appointed by the WHA. Dr. Tedros Adhanom Ghebreyesus, the first DG from Africa, assumed his role on July 1, 2017.

The rise and spread of infectious disease has reinvigorated calls for a quicker and more agile WHO. For instance, groups criticized the WHO consensus-building process and internal procedures for its slow response during the Ebola outbreak. Amid the crisis, the WHO deliberated for more than four months before declaring the Ebola outbreak a Public Health Emergency of International Concern under the International Health Regulations (IHR)—an international agreement aimed at strengthening global capacity during public health events with potential international impact. CRS In Focus IF10022, *The Global Health Security Agenda and International Health Regulations*.

The Ebola crisis exposed the frailty of country health systems and showed that the world is generally unprepared to control infectious disease outbreaks in low-resource

settings. In response, the WHA established the Health Emergencies Program (HEP) and the Contingency Fund for Emergencies (CFE), earmarked for early response activities. The HEP and CFE were used during the 2016 Zika outbreak to convene experts and provide \$3.2 million toward Zika control.

Some question the viability of the CFE. In May 2017, an independent panel remarked that the organization's administrative systems and business processes "remain the main challenge" to overcome. The fund was designed to front-load resources and then fundraise to repay expenses. Donors, however, have hesitated to replenish the CFE and to establish an annual pledging cycle for the fund. As of June 2017, the CFE's funding gap neared 60%.

Transparency

In late April 2009, WHO announced the emergence of an influenza virus that had not previously circulated in humans. Within the same month, the Director-General had declared the outbreak a PHEIC and by early June had confirmed the existence of an influenza pandemic. Some groups asserted that WHO's response was exaggerated due to influence from some pharmaceutical groups and urged greater transparency in the policy recommendation process.

The WHO has engaged in intense discussions and negotiations around increasing transparency, and the new Director-General has prioritized the issue. In 2016, the WHA adopted the Framework of Engagement with Non-State Actors (FENSA), the first regulatory framework within the United Nations system that covers interactions with non-state actors, including private sector entities and foundations.

Supporters praise FENSA as a major step toward transparency and a safeguard against undue private influence. Critics, however, warn that its equal treatment of public interest and for-profit interest groups encourages, rather than thwarts, stronger private sector involvement in WHO governance and policy formulation.

WHO Budget

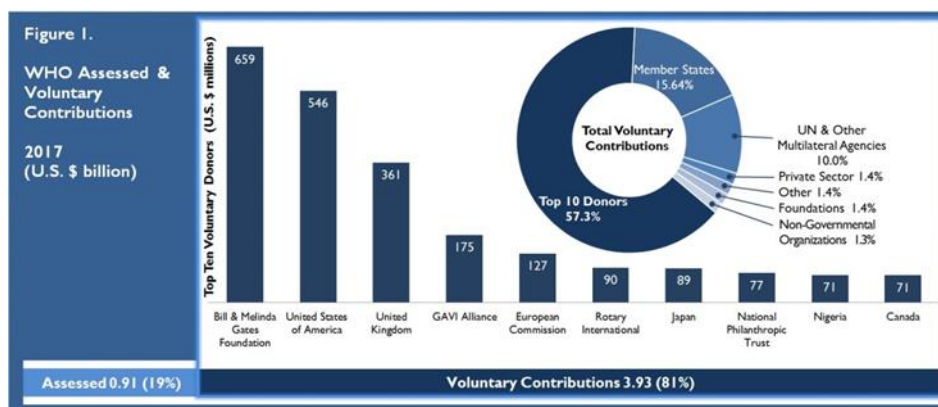
WHO's program budgets are financed through a mix of assessed and voluntary contributions. The latter are earmarked funds that come from countries and non-state donors. Until the late 1990s, assessed contributions constituted the majority of WHO funding. Over time, the proportion of the budget financed through voluntary contributions has increased, while assessed contributions have remained stable. In 2017, roughly 80% of the nearly \$4 billion budget was provided through voluntary contributions (**Figure 1**). Almost 60% of all voluntary contributions come from 10 donors, half of which are nongovernmental entities.

Some observers are concerned that reliance on voluntary contributions exposes WHO to uncertainty and forces it to spend inordinate time on fundraising and related activities. Supporters of expanding such partnerships argue that assessments (member states' membership dues) are not sufficient to support WHO operations and that collaborating with non-state actors can enhance WHO capacity by expanding revenue streams and leveraging nongovernmental resources and expertise.

Conclusion

Ongoing reform efforts may improve WHO operations, including its emergency response capacity, but other external factors could also influence its effectiveness. WHO lacks any enforcement authority and cannot compel member states to implement IHR requirements, cannot fully support others to do so, and lacks the financial and operational capacity to carry them out. Actions by member states that contravene WHO recommendations in a declared emergency can also hinder WHO response capacity. WHO effectiveness in addressing future outbreaks might depend not only on internal factors but also on actions of member states in support of and in opposition to WHO policy.

CRS fellow Dr. Giorleny Altamirano contributed to this In Focus.



Source: Created by CRS from WHO budget portal at <http://open.who.int/>, accessed on July 6, 2017.

Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.