The response to global emergencies – How can the WHO re-establish itself as a leader?

Journal of Public Health Policy (2015) 36, 369–371. doi:10.1057/jphp.2015.14;
published online 23 April 2015

The vital work carried out by the World Health Organization (WHO) has resulted in important global health improvement over the past years. It is however, critical for policymakers to recognize and rectify the failings of the WHO, if it is to live up to its potential.

A recent Editorial in the *Journal of Public Health Policy* has reiterated the thoughts of many about the current state of the WHO. The Editors suggest that a lack of government commitment has restricted the WHO's capacity to respond to global crises. The recent Ebola Virus Disease (EVD) outbreak in West Africa has weakened confidence that the WHO can effectively lead the global emergency response. The outbreak has exemplified the deep-rooted inadequacies of an organization designed as the world's custodian of health. The key question facing us, is how can the WHO re-establish itself?

In 1951, just over 50 per cent of the WHO budget was financed by fully flexible, governmental, assessed contributions. Over time the proportion of assessed contributions has fallen steadily, to just 21.5 per cent in 2013. Such a downward trend means the WHO lack the financial flexibility needed to tackle global outbreaks of disease.¹ Although increased assessed contributions are necessary for quicker response times to global crises, the increase is unlikely if the WHO performs as it has in containing the spread of EVD. The EVD outbreak has increased political will to invest in global health security. But governments may look for other solutions, rather than placing trust in an organization that spends approximately a third of the budget on administration and management.²

The WHO Director-General suggested she was unaware of the scope of the Ebola crisis until three months after the outbreak was detected.³

A staff survey found only 18 per cent in WHO headquarters agreed that there was sufficient coordination between the six worldwide regional offices.¹ A deficiency of intra-organizational integration has led some experts to propose the WHO follow the lead of the UK Department for International Development (DFID) and the World Bank, in eliminating inefficient regional offices from its structure.⁴ This argument has been constructed on the basis that much of the work done by regional offices can be done at a more local level. A scarcity of effective communication and lack of a robust system of accountability are the results of several mini-organizations, rather than a unified one. Ultimately, this is an important source of dangerously sluggish response times to international emergencies.

Alternatively, the chief-editor of *The Lancet* has recently advocated creating a financially and structurally independent body to deal with global health emergencies.⁵ He and others hope that by inducing flexibility, some of the financial tensions inherent in the current system will lessen, and consequently emergency response times will decrease.

Critics may jump to words like 'costly' and 'drastic', but the aforementioned propositions recognize key failures of the existing WHO. Government support is a long-term requirement for the success of the WHO. But more importantly, the WHO must critically evaluate its own processes and seek ways to improve its response to health emergencies. Regardless of the mechanism, reform is of paramount importance for those millions who depend on the leadership of the WHO.

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