



Policy brief

SEIZING ON THE FINANCIAL CRISIS  
AS AN OPPORTUNITY TO RETHINK  
AND STRENGTHEN THE WORLD  
HEALTH ORGANISATION

The *Santé mondiale 2030* think tank on global health was launched in 2016. It brings together a number of key actors in global health in France: Sana de Courcelles, François Dabis, Annabel Desgrées du Loû, Jean-François Delfraissy, Éric Fleutelot, Frédéric Goyet, Michel Kazatchkine, Marie-Paule Kieny, Mathieu Lamiaux, Lelio Marmora, Benoît Miribel, Olivier Nay, Luis Pizarro, Amélie Schmitt, Agnès Soucat, and Stéphanie Tchiombiano. Jessica Borges serves as coordinator.

***The members of the group are acting in their individual capacity and not on behalf of their respective organisations. The present document is the result of a collective work within the group. It does not commit or reflect the individual opinions of any of the members.***

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## KEY PROPOSALS FROM THE *SANTÉ MONDIALE 2030* THINK TANK:

- Refocus WHO's activities on its core standard-setting mandate and enhance the independence and transparency of its scientific expertise.
  - Direct WHO's technical assistance towards countries most in need, supporting national institutions without supplanting them.
  - Redefine WHO's role in health emergencies, limiting direct field operations during humanitarian crises and focusing on coordination, epidemiological surveillance, and support for national systems.
  - Reform WHO's management of budgets, programmes and finances to align activities with available resources.
  - Strengthen Member States' responsibility within WHO governance by enhancing their strategic oversight role and promoting dialogue with non-state actors.
  - Initiate the restructuring of the global health architecture, repositioning WHO as the lead coordinator among sector actors to ensure coherence within the global health ecosystem.
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# INTRODUCTION

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Global health is currently undergoing profound uncertainty. Recent years have seen increasing fragmentation within the multilateral health system, characterised by a proliferation of actors and divergent priorities. Today, the structural limitations of a post-World War II multilateral system are further compounded by rising sovereigntist approaches and rapidly shifting geopolitical balances, making the coordination of international health action more complex.

The recent decision by the United States to withdraw from the World Health Organization (WHO)<sup>1</sup>, resulting in a 20% drop in its resources<sup>2</sup>, has pushed the Organisation from an already fragile budgetary situation into a major financial crisis, forcing an accelerated process of strategic prioritisation of its programmes<sup>3</sup>. The halt to substantial US international health funding further exacerbated the vulnerabilities in global health governance. Since the beginning of 2025, these developments have fuelled a climate of uncertainty regarding the WHO's ability to act and have raised fundamental questions about its role and legitimacy.

This raises a central question: How can the WHO turn the current context of drastic budget cuts into an opportunity to reform its activities? How can it respond more effectively to the expectations of governments and populations in the health sector, and even reinforce its position as a scientific, technical and standard-setting authority in service of global health? As part of its ongoing prioritisation process, what immediate and longer-term measures should the WHO take to refocus on its core functions and improve its efficiency?

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<sup>1</sup> The White House (20 January 2025). *Withdrawing the United States from the World Health Organization*. Executive Order 14155. [Online].

<sup>2</sup> *L'OMS contraint de couper son budget de 20%, après le retrait américain annoncé*. (In English, *The WHO forced to cut its budget by 20% after the announced US withdrawal*). *Le Monde*. 29 March 2025. Available only in French. [Online].

<sup>3</sup> World Health Organization (WHO) (February 2025). *Report by the Director-General*. EB156/2. [Online].

# I. REFOCUSING WHO'S ACTIVITIES ON ITS CORE SCIENTIFIC AND NORMATIVE MANDATE

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In a context of constrained resources, the WHO — like other international health institutions — must refocus its activities on the core of its mandate. This entails clearly identifying its added value and selecting actions based on its comparative advantage within the broader global health ecosystem.

Under its Constitution, the WHO is entrusted with a broad and ambitious mandate, the boundaries of which remain insufficiently defined<sup>4</sup>. The issue of distinguishing between its priority and non-priority functions is therefore not new<sup>5</sup>. Nonetheless, the Organisation's historical foundation lies in promoting health cooperation among states — particularly through the consolidation of scientific evidence and the development of global norms and standards<sup>6</sup>.

## 1.1. REINFORCING INDEPENDENT AND TRANSPARENT SCIENTIFIC EXPERTISE TO REBUILD WHO'S LEGITIMACY

The independence and transparency of WHO's scientific expertise are of central importance. The emergence of fragmented, decentralised, and competitive dynamics in the production of knowledge calls for a renewed affirmation of WHO's legitimacy as a source of scientific expertise in global health. The rapid dissemination of fake news and alternative facts makes this need for legitimacy all the more urgent.

WHO should therefore prioritise clarifying, for both policymakers and the wider public, the methodologies and institutional processes it follows in developing its recommendations and standards, in order to ensure their scientific credibility. These processes — numerous (WHO currently coordinates 21 scientific expert groups, for instance<sup>7</sup>) and often complex — are not always clearly explained and remain largely unknown.

Any deep and lasting reform must establish transparent processes that are open to scrutiny, in order to strengthen the scientific foundations of WHO decisions and ensure that evidence-based science takes precedence over political or economic considerations. This also entails a clearer distinction between WHO's political function — exercised through the World Health Assembly (WHA) — and its scientific function, to ensure that the former does not interfere with the latter.

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<sup>4</sup> WHO (1946). *Constitution of the World Health Organization*. Entered into force on 7 April 1948. Chapter II. Article 2. [Online].

<sup>5</sup> WHO (19 April 2013). *Draft twelfth general programme of work, 2014-2019*. A66/6. Chapter 2. Page 14-15. [Online].

<sup>6</sup> WHO (3 May 2024). *Draft fourteenth general programme of work, 2025-2028*. A77/16. Part 3. [Online].

<sup>7</sup> WHO (January 2025). *Report on meetings of expert committees and study groups*. EB156/52 Add.1. [Online].

WHO's functions could be structured around three pillars — scientific, political, and technical<sup>8</sup> — with clearly defined roles and interactions to ensure both scientific and financial accountability.

The scientific pillar could take the form of an independent expert committee on health, composed of leading scientists and international experts nominated by Member States and approved through a transparent and independent review process. This expert committee would be responsible for identifying key scientific questions and developments, and for producing analyses, syntheses, and reports — including minority opinions where consensus is lacking.

The technical pillar, comprising the Secretariat at headquarters, regional offices and country offices, would draw on the evidence provided by the scientific committee to formulate health recommendations, norms and standards. It would also be tasked with proposing the Organisation's strategy and programme budget and submitting them to the governing bodies. As is currently the case, this pillar would also be tasked for collecting and analysing global health data, monitoring health risks, disseminating guidelines and standards, providing technical assistance to countries, conducting advocacy, and coordinating responses to international health emergencies.

The political pillar, composed of Member States acting through WHO's governing bodies — the World Health Assembly and the Executive Board — would be responsible for: i) appointing the WHO Director-General and the Chair of the scientific pillar; ii) approving the strategy and general programme of work and overseeing its implementation; and iii) endorsing the scientific norms and standards proposed by the technical pillar. It would also be tasked with approving the programme budget and overseeing financial governance, internal justice mechanisms, and independent evaluations.

## 1.2. PROVIDING TECHNICAL ASSISTANCE TO COUNTRIES WITHOUT REPLACING NATIONAL INSTITUTIONS

WHO's core mandate is often defined by its role in setting technical standards, also referred to as its normative function. In the current context of programme prioritisation, this view is supported by the Organisation's main governmental donors<sup>9</sup>. In contrast, many countries — primarily low- and middle-income — emphasise the importance of continuing to strengthen country offices and ensure impact at the national level<sup>10</sup>. Yet WHO's normative role and its technical assistance activities are complementary.

The development of standards and the provision of technical support follow an iterative and collaborative process involving all three levels of the Organisation — country, regional,

<sup>8</sup> Barré-Sinoussi, F. & Nay, O. (March 2022). *Bridging the gap between science and policy in global health governance*. *The Lancet*. Volume 10. Publication 3. E322-E323. [Online].

<sup>9</sup> WHO (May 2023). *Voluntary contributions by fund and contributor, 2023*. A77/INF./2. [Online].

<sup>10</sup> WHO (May 2024). *Draft fourteenth general programme of work, 2025-2028*. A77/16. Parts 3 and 4. [Online].

and headquarters in Geneva<sup>11</sup>. National experts play a crucial role by sharing their own national standards and experiences through the expert groups convened by WHO<sup>12</sup>. Their positions may also be conveyed through the country offices.

The WHO is mandated not only to establish international guidelines, but also to support country-level implementation through technical assistance<sup>13</sup>. At the national level, WHO's primary role should be to strengthen institutional capacities and to support the development and implementation of the most appropriate public health policy options<sup>14</sup>. This support function should now focus on the most vulnerable countries and those with the weakest capacity.

Refocusing WHO on its normative functions is therefore fully compatible with its role in providing technical assistance to countries. However, the Organisation must avoid supplanting national authorities by taking on responsibilities that belong to them — particularly those related to health service delivery and surveillance.

### 1.3. AVOID DUPLICATING THE FIELD WORK OF HUMANITARIAN EMERGENCY ORGANISATIONS

There is general agreement that the WHO is the reference organisation for most of the prevention and preparedness in health emergencies. One of its core responsibilities is coordinating surveillance, detection and early response efforts in support of national authorities, as well as developing technical guidance. This role led to the creation of the legally binding International Health Regulations (IHR, 2005)<sup>15</sup>, which have been ratified by 196 countries, including all 194 WHO Member States. The IHR serves as a cornerstone in defining countries' rights and obligations in managing severe public health events and emergencies that may cross borders. The forthcoming Pandemic Agreement, which builds on the lessons learned from COVID-19, will complement the IHR, and be in full alignment with the WHO's mandate.

In response to the Ebola crisis, the WHO established its Health Emergencies Programme (WHE) in 2016. By improving coordination across its three levels of operation, the WHE has strengthened WHO's capacity to support national health authorities during crises. However, when it comes to operational emergency response — such as supplies, evacuations and vaccination campaigns — the WHO can overstep its intended role. Although it is often the first — or even the only — actor to intervene via its country offices during outbreaks, numerous international organisations, both UN-affiliated and non-governmental, possess the mandate, experience, and operational expertise required to manage field activities during health and humanitarian crises. The WHO's role lies in coordinating stakeholders, particularly as lead of the "Health cluster"<sup>16</sup>, and in overseeing epidemiological surveillance.

<sup>11</sup> Ibid.

<sup>12</sup> WHO (10 January 2025). *Report on meetings of expert committees and study groups*. EB156/52 Add.1. [Online].

<sup>13</sup> WHO (1946). *Constitution of the World Health Organization*. Chapter II. Article 2. [Online].

<sup>14</sup> WHO (25 April 2012). *WHO reform: Consolidated report by the Director-General*. A65/5. Pages 17-18. [Online].

<sup>15</sup> Drafted in 1951 and extensively revised in 2005 – following the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003 – the *International Health Regulations* aim to prevent, protect against, control and respond to the international spread of disease.

<sup>16</sup> WHO (2023). *Guidance on health clusters: a practical guide*. [Online].

Notably, it is the expansion of the WHO's emergency response budget that has largely driven up the organisation's overall expenditure. The WHE budget grew from USD 584 million<sup>17</sup> in 2016-17 to USD 1.2 billion in 2024-25<sup>18</sup>, now accounting for more than one-fifth of the WHO's total budget<sup>19</sup>, in addition to roughly USD 1 billion raised annually through *ad hoc* emergency appeals<sup>20</sup>. Similarly, the 2023-2024 budget for the Global Polio Eradication Initiative amounts to around USD 700 million<sup>21</sup>, out of a core biennial WHO budget of nearly USD 5 billion<sup>22</sup>.

This rapid growth in funding has not been matched by improvements in financial or technical accountability. Furthermore, it is within its humanitarian work that the WHO has been linked to serious misconduct, including sexual abuse scandals<sup>23</sup>, such as those reported in the Democratic Republic of the Congo between 2018 and 2020<sup>24</sup>.

To make its spending more efficient while still supporting operations in the field, the WHO should refocus its emergency efforts on supporting national surveillance systems and data collection, offering technical assistance to Ministries of Health, and coordinating efforts among health partners.

<sup>17</sup> WHO (May 2015). *Sixty-eighth World Health Assembly, Resolutions and decisions*. WHA68/2015/REC/1. [Online].

<sup>18</sup> WHO (May 2023). *Seventy-sixth World Health Assembly, Resolutions and decisions : Programme budget 2024-2025*. WHA76/2023/REC/1. [Online].

<sup>19</sup> WHO (February 2025). *Report of the Programme, Budget and Administration Committee of the Executive Board*. EB156/4. [Online].

<sup>20</sup> WHO. *WHO's health emergency appeals*. Accessed on 2 April 2025. [Online].

<sup>21</sup> The WHO budget comprises four segments: 1) base budget; 2) emergency operations and appeals; 3) the Global Polio Eradication Initiative (GPEI); and 4) special programmes.

WHO (January 2025). *Proposed programme budget 2026-2027*. EB156/27. Items 45-29. [Online].

<sup>22</sup> WHO (May 2024). *Financing and implementation of the programme budget 2024-2025: Report by the Director-General*. A77/14. [Online].

<sup>23</sup> WHO (February 2025). *Report of the Programme, Budget and Administration Committee of the Executive Board*. EB156/4. [Online].

<sup>24</sup> This episode prompted the WHO to strengthen its infrastructure and its capacity to prevent and respond to sexual exploitation and abuse. See the conclusions of the evaluation of the Multilateral Organisation Performance Assessment Network (MOPAN) (June 2024). *WHO Assessment Report*. Page 57. [Online].

## II. REFORMING WHO'S BUDGETARY, PROGRAMMATIC AND FINANCING GOVERNANCE

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To emerge stronger from the current crisis, the WHO must not only streamline its missions and programme delivery but also strengthen its financial management and reform its governance model. While recent steps taken to secure more sustainable funding have been essential, they remain insufficient. Member States must deepen their involvement in overseeing the work programme implementation and strategic decision-making as well as take collective responsibility for a comprehensive reform of the Organisation's financial, programmatic and budgetary framework.

### 2.1. STRENGTHENING MANAGEMENT FOR GREATER TRANSPARENCY AND ACCOUNTABILITY

As a multilateral institution serving the common good — and at a time when the trust of donors and Member States is more crucial than ever — the WHO must uphold the highest standards of budgetary, financial and administrative integrity, grounded in international principles of transparency and ethics.

Although Member States approve the WHO's work programme and budget<sup>25</sup>, their assessed contributions account for just 20% of the Organisation's overall budget. The remaining 80% comes from voluntary contributions, largely earmarked for specific priorities, which ultimately determine the volume and scope of activities the Organisation can deliver. This model is both inefficient and undemocratic: it weakens WHO's independence in favour of a small group of donors who are not required to align with collectively agreed priorities. In 2022, Member States committed to increasing assessed contributions to 50% of the Organisation's base budget by 2030–2031<sup>26</sup> — a key step towards more predictable financing. After an initial increase was approved in 2023<sup>27</sup>, countries, including France, must now follow through on their commitments at the next World Health Assembly and confirm the planned 20% rise for 2026–2027<sup>28</sup>.

However, to ensure long-term sustainability and efficiency, reform must go beyond increasing assessed funding. Efforts to rebalance assessed and voluntary financing must continue, enabling better planning of public health activities and limiting the outsized influence of donors, whether public or private. The budget could be restructured around a core budget — reflecting confirmed assessed contributions — and a supplementary budget, also approved by the governing bodies, funded through voluntary contributions for lower-priority initiatives.

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<sup>25</sup> The French National Assembly (26 May 2021). *Rapport*. (In English, *Report*). N°4197. Available only in French. [Online].

<sup>26</sup> WHO (May 2022). *Meeting report of the Working Group on Sustainable Financing*. EB/WGSF/7/4. [Online].

<sup>27</sup> WHO (May 2023). *Seventy-sixth World Health Assembly. Resolutions and decisions*. WHA76/2023/REC/1. [Online].

<sup>28</sup> WHO (16 January 2025). *Proposed programme budget 2026-27*. EB156/27. [Online].

Developing a realistic budget, based on credible revenue projections, will be vital to maintaining donor confidence — particularly when flexible funds are involved, which require rigorous monitoring and accountability. A budget aligned with available resources, consistent with the agreed work programme, and grounded in internationally recognised accounting standards is a cornerstone of effective strategic management. At present, the development of the work programme, budgeting, operational planning and Member State resolutions often takes place without any clear link to available financing or analysis of expenditure efficiency.

The latest WHO evaluation conducted by MOPAN<sup>29</sup>, while welcoming the Organisation's efforts and the increasing use of monitoring and evaluation tools, considers that the results-based performance culture is still insufficient. Despite financial constraints, programme evaluation at all levels must be preserved and strengthened to demonstrate WHO's added value and impact.

## 2.2. IMPROVING GOVERNANCE THROUGH STRONGER MEMBER STATE ENGAGEMENT AND RENEWED DIALOGUE WITH NON-STATE ACTORS

While the Secretariat can enhance its practices, it is the responsibility of Member States to strengthen the quality of their engagement with the Organisation. The WHO requires more than financial support. Member States must lead by example at national level, by upholding the norms they have collectively endorsed through the Organisation's governance structures.

Within these bodies, Member States must exercise greater rigour in overseeing the implementation of the work programme and budget, demonstrate genuine cooperation to ensure that public health considerations remain central, and show consistency in their requests to the Secretariat. The rules and procedures of these bodies must be reviewed and streamlined to improve the quality of deliberation and decision-making. Member States should continue to pursue measures to enhance the effectiveness of the governing bodies<sup>30</sup> and accelerate implementation, particularly to support efficient decision-making in the Executive Board.

At the February 2025 Executive Board meeting, for instance, Member States were hesitant to revise the budget for the upcoming biennium, despite a 20% reduction in funding following the United States' decision to withdraw and no credible plan to raise replacement resources. Nor did they refrain from assigning new missions to the Secretariat. In 2025 alone, around 20 new resolutions were adopted, often without due consideration for the Organisation's actual capacity to deliver.

In today's international landscape, marked by a crisis of multilateralism and rapidly shifting geopolitical alliances, the WHO must reinforce its engagement with non-state actors,

<sup>29</sup> Multilateral Organisation Performance Assessment Network (MOPAN) (June 2024). *WHO Assessment Report*. [Online].

<sup>30</sup> WHO (December 2023). *Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. Proposals for improving the effectiveness of the WHO Governing bodies*. EB154/33 Add.1. [Online].

including scientific experts, researchers, health professionals, NGOs, civil society, and private-sector stakeholders. Addressing the complexity of global health challenges requires broad and inclusive collaboration. Such efforts must be conducted in line with the Framework of Engagement with Non-State Actors (FENSA)<sup>31</sup>, which outlines principles for due diligence, risk and conflict of interest management, and transparency. To preserve its independence, the Organisation must also strengthen safeguards against the growing influence of private funding, which has increased in recent years as part of broader donor diversification strategies.

## 2.3. OVERHAULING OF THE GLOBAL HEALTH ARCHITECTURE

The first — and perhaps most clearly stated — function in Article 2 of the WHO Constitution is “to act as the directing and co-ordinating authority on international health work”<sup>32</sup>. While the UN system has delegated health-related responsibilities to numerous agencies, and public, private, and non-governmental actors have multiplied, the WHO Constitution grants the Organisation the mandate to coordinate all health organisations and relevant UN agencies.

In some cases, health organisations have already been closed or severely disrupted due to sudden, disorganised US funding cuts. Others are undertaking prioritisation or consolidation exercises, or preparing to close. In this context of scarce resources, initiatives by WHO, the Global Fund, and GAVI to improve efficiency and refocus their mandates should be better coordinated, in order to enhance complementarity and governance across the global health system.

What is at stake is nothing less than preserving vital programmes that underpin global public health goods and ensure equitable access to health for the poorest, the most vulnerable, and marginalised communities. The WHO and all international health organisations have a shared responsibility not to preserve their bureaucracies, but to protect and improve the health of populations around the world.

<sup>31</sup> WHO (October 2013). *WHO's engagement with non-State actors. Discussion paper for informal consultation with Member States and non-State actors*. [Online].

<sup>32</sup> WHO (1946). *Constitution of the World Health Organization*. Chapter II. Article 2. [Online].

## IN CONCLUSION,

In a context of growing geopolitical uncertainty and a crisis in multilateral health financing, it is essential that the WHO maintain its capacity to fulfil the core functions for which its mandate remains unique. This moment of crisis — while undeniably complex — also offers a rare opportunity for the Organisation to reform itself, strengthen its legitimacy as a central actor in global health governance, and contribute to a more coherent global health ecosystem. By reaching consensus on the Pandemic Agreement in April 2025, Member States have demonstrated that multilateralism is still alive and capable of delivering on global public goods. They must now build on this momentum and seize the current crisis as a lever to shape the WHO into the Organisation the world truly needs.

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