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FOREIGN POLICY • WORLD

An underfunded WHO is incapable of fighting Ebola



Protective clothing at a WHO training centre in Liberia © PASCAL GUYOT/AFP/Getty Images

Now that Ebola has reached the US and Spain, the time has come to reveal the dirty little secret that helps explain how things got this bad. The World Health Organisation (WHO), the only global agency with the legitimacy and mandate to curb global pandemics, has consistently and over several decades been weakened and undermined by policy failures and budget cuts.

The proof for this claim? In 1970-71, the WHO received 62 per cent of its budget from Regular Budget Funds (RBFs) and 18 per cent from Extra Budgetary Funds (EBFs). RBFs are compulsory contributions from member states of the WHO, while EBFs are additional voluntary contributions by donor governments and other non-governmental organisations.

RBFs are vital, because they fund long-term programmes that develop the agency's capacity to fight pandemics like Ebola. By 2012-2013, RBFs had fallen to less than a quarter of the overall budget, and EBFs – which are often used for donors' pet projects – made up three quarters.

The World Bank president Jim Yong Kim should have pointed this out when he criticised the international community for its failure in responding to the Ebola virus. He was right to say: "We should have done so many things. Healthcare systems should have been built. There should have been monitoring when the first cases were reported. There should have been an organised response." But he should also have noted that the lack of response was the result of a long-term, western-led policy of underfunding the WHO that has weakened it substantially – as has been well-documented. As Kelley Lee pointed out in her book profiling the organisation, "for the WHO, it has meant a substantial bypassing of its role as the lead UN health agency". In 2011, the agency cut 300 jobs in response to what director-general Margaret Chan described as "a new and enduring era of economic austerity".

The impact of a prolonged period of budget cuts for the WHO has had disastrous results on the ground, leading to many deaths. One of the first respondents to reach the remote forests of Guinea where Ebola was first detected in March 2014 was Mariano Lugli, an Italian nurse from the medical charity Médecins Sans Frontières (MSF). He noted, “In all the meetings I attended, even in Conakry, I never saw a representative of the WHO. The co-ordination role that WHO should be playing, we just didn’t see it. I didn’t see it the first three weeks and we didn’t see it afterwards.”

The WHO was not in Guinea because its capacity to deploy medical professionals has been steadily undermined over the decades. Lawrence Gostin, a global health law professor at Georgetown University told Reuters, “The WHO’s budget and capacity to respond are in tatters, and it has become mostly a technical organisation.”

Fortunately in all this bad news, there is built-in good news. Once we have diagnosed the problem facing the WHO, we can also prescribe a clear solution: instead of starving the patient, the time has now come to feed it. The policy of scrimping on the WHO’s budget must be abandoned and western countries must ramp up their contributions to RBFs. The rest of the world will be happy to work with the west if it decides to reverse course on the international health organisation. Let me stress here that there is a paltry amount of money involved. The annual budget of the WHO is about \$4bn. A decision to increase the RBFs of the WHO from 25 per cent to 75 per cent would only mean an increase of \$2bn from the global community. The funding might not even need to increase this far; as well as money from individuals and private foundations like the Bill & Melinda Gates Foundation, much of the ‘voluntary funding’ is from individual countries. This government money could be converted into compulsory funding.

But the solution does not end here. The west must engage in deeper reflection to ascertain whether the starving and weakening of several critical multilateral organisations – like the WHO and the International Atomic Energy Agency – is wise. In my book, *The Great Convergence*, I explain how this tragic policy emerged and why it is unwise to continue weakening multilateral institutions.

The quick spread of Ebola has also confirmed a new reality: we live in an ever-shrinking global village. All villagers know instinctively that the medical conditions of their fellow inhabitants will affect them directly. Hence, they strive to achieve a well-run village with better conditions for all.

We should apply this well-known village wisdom to the world we have created. Instead of weakening “global village councils” like the UN family of institutions, we should work towards strengthening them. If Ebola succeeds in convincing humanity to adopt this long-term policy, it will have had at least one positive implication and demonstrate the wisdom in the Chinese character for crisis: a combination of “danger” and “opportunity”. Let us seize this opportunity to learn this important lesson: we live in one, small, interdependent, global village. Let us strengthen our councils.

Further reading:

- * Backgrounder on the World Health Organisation (CFR)
- * Cuts at WHO Hurt Response to Ebola Crisis (New York Times)