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Reforming the World Health Organization After the COVID-19 Pandemic:

Diagnosis and Prognosis

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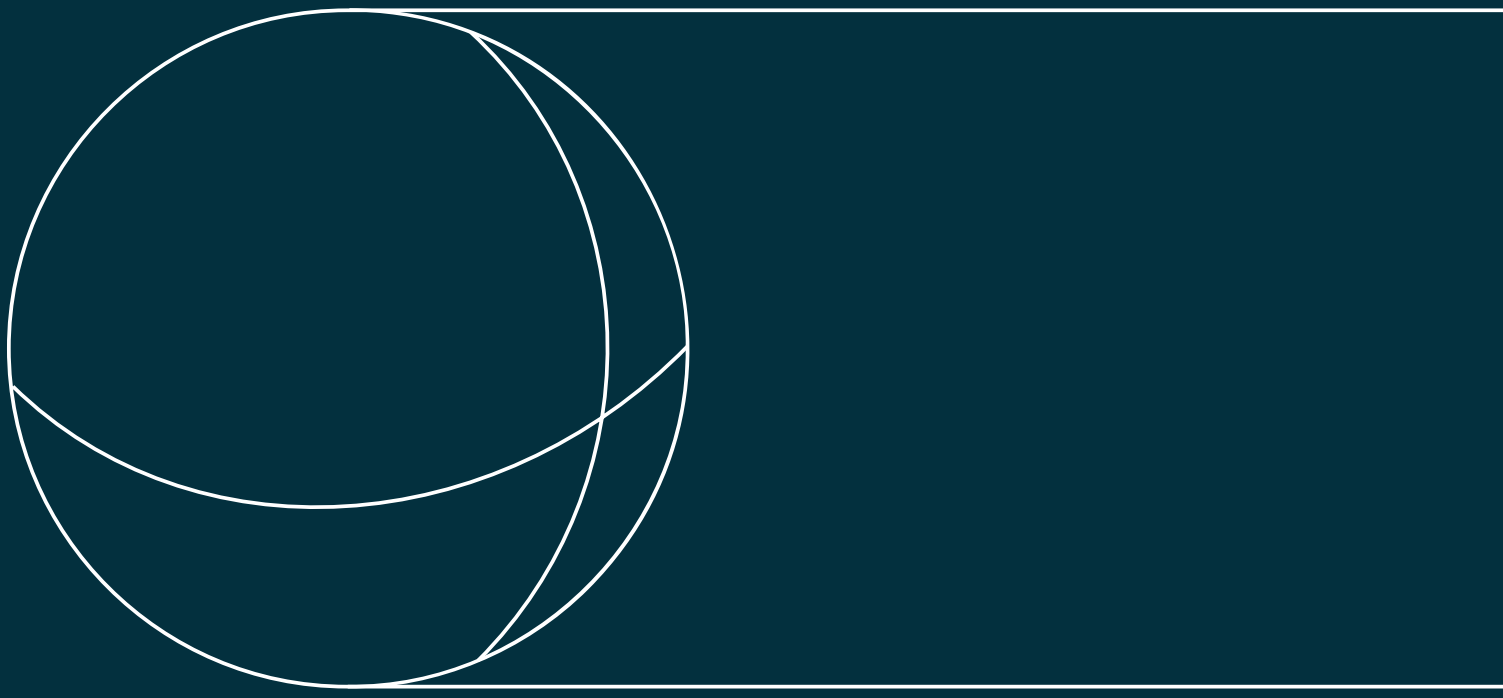

Abstract

The COVID-19 pandemic intensified global power tensions and subjected the World Health Organization (WHO) to its sternest test. While the rationale for its existence became clearer than ever, widespread criticism of the organisation's pandemic response eroded its image, already compromised by previous health emergencies. More generally, the WHO has struggled to maintain its standing in a crowded global health landscape. In this context, there is a consensus that the WHO needs urgent reform — a consensus that predates the COVID-19 pandemic. This report examines the key approaches to WHO reform since 2020 and explains how robust, effective, and democratic they have been. It also analyses the most prominent actors in the reform process, zooming in on the European Union, in particular. Despite longstanding and emerging challenges, the post-COVID-19 reform agenda shows significant momentum, although it continues to overlook key institutional weaknesses and fails to engage in a deeper reflection about the WHO's role in global health governance.

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Introduction

The reform of the World Health Organization has long featured on the multilateral agenda.

The reform of the World Health Organization (WHO) has long featured on the multilateral agenda. Ever since Director-General Halfdan Mahler launched a major overhaul of the WHO in the 1970s, debates over the organisation's governance, financial stability, and wider role in global health have remained a recurring theme. WHO reform has also drawn significant academic scrutiny (see Reddy et al. 2018), especially after the COVID-19 pandemic reinvigorated scholarly interest in global health governance (see de Campos-Rudinsky 2021; Irwin 2020; Moon and Kickbusch 2021; Velásquez 2022; Wenham and Davies 2023; Moser and Bump 2022).

Since its founding in 1948, the WHO has endured thanks to its high degree of "instrumental" legitimacy (Yang 2021), rooted in its multilateral nature and landmark achievements such as the eradication of smallpox. However, throughout its history — and particularly since the turn of the century — the organisation has faced growing competition, contestation, and many global health crises.

The competition has emerged from public-private partnerships with sectoral or disease-specific orientations, most notably, Gavi, the Vaccine Alliance (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). It has also arisen from overlaps between the WHO's focus areas and those of other multilateral organisations and programmes like the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank, the World Trade Organization (WTO), and the World Intellectual Property Organisation (WIPO).

The WHO's work has also been shaped by broader geopolitical currents and great-power rivalries. During the Cold War, the WHO was generally more insulated from global politics than other United Nations (UN) agencies (Fernández and Kissack 2025, 121); however, it was not immune to them. The Soviet Union and several of its allies effectively withdrew from the WHO shortly after its founding to protest perceived dominance by the United States. They only resumed participation after the death of Joseph Stalin in 1953. Later, in the 1980s, the US administration under President Ronald Reagan temporarily withheld funding from the WHO, accusing it of working against free enterprise (Thomas 2020).

Perhaps most unsurprisingly, the WHO's institutional structures and processes have also been impacted by high-profile epidemics and pandemics: the WHO has often used these crises as opportunities for institutional development (Debre and Dijkstra 2021). HIV/AIDS in the 1980s, SARS in 2002–2004, H1N1 in 2009–2010, and Ebola in 2014–2016 were all followed by discussions about WHO reform.

But arguably, no crisis was quite as monumental for the WHO as the COVID-19 pandemic. This crisis, in addition to being a sweeping global health emergency, sparked intense geopolitical confrontation. During the pandemic, the WHO struggled with challenges to its "procedural" and

"performance" legitimacy (Yang 2021), facing direct criticism from some of its member states, as well as the wider public (Nour et al. 2025).

The pandemic underscored the urgency of a "Transformation Agenda," initiated by WHO Director-General Tedros Adhanom Ghebreyesus (Dr Tedros) after his appointment in 2017, as well as opening other reform avenues, including a comprehensive review of the normative foundations of global health security (Fernández and Heinzel 2025b). At the same time, it brought unexpected challenges, such as the announced withdrawal of the US from the WHO.

This report examines the WHO's post-COVID-19 reform efforts through the lens of the ENSURED conceptual framework (Choi et al. 2024), which emphasises three dimensions: robustness (capacity to withstand crises), effectiveness (ability to deliver results), and democracy (inclusiveness and accountability). Beginning with a historical overview of institutional debates, the report identifies key actors shaping current reform initiatives and analyses how these initiatives have unfolded. It then turns to a focused discussion of the European Union's role. Our findings — based on public documents and statements, financial data,[1] interviews with relevant officials and observers,[2] and secondary sources — suggest that steps taken since 2020 have focused primarily on enhancing the organisation's robustness, with substantial attention also being paid to its effectiveness. Democratic considerations, by contrast, have received limited attention.

The ongoing transformation of the WHO after the pandemic has produced notable gains but also reinforced some problematic institutional dynamics.

The ongoing transformation of the WHO after the pandemic has produced notable gains but also reinforced some problematic institutional dynamics. Looking at global health governance more broadly, one issue persisted: a widespread reluctance to confront the WHO's capacity to fulfil its mandate as "the directing and co-ordinating authority on international health work" (World Health Organization 1946, 2).

1 We only consider direct funding of the WHO, although many donors also fund other entities that, in turn, contribute to the organisation (see Iwunna et al. 2023, 4).

2 Some interview quotations that appear in this report were lightly edited for readability without altering meaning.

Who is WHO? Institutional Debates in Historical Perspective

According to the WHO's far-reaching constitution, the organisation's fundamental objective is "the attainment by all peoples of the highest possible level of health" (World Health Organization 1946, 2). The WHO's very name signals an aspiration for universality that has been largely fulfilled. During the Cold War, the WHO's functional, relatively technical purpose facilitated cooperation across geopolitical blocs, with an unlikely US-Soviet partnership playing a significant role in the successful vaccination campaign against smallpox (Carroll 2016). Yet the WHO periodically faced great-power competition (Fee et al. 2016) and it has generally struggled to establish clear priorities amid its expansive goals. Historical milestones, which include the near eradication of polio, have been accompanied by notable setbacks, such as the discontinuation of the first Global Malaria Eradication Programme in 1969.

The WHO has generally struggled to establish clear priorities amid its expansive goals.

There have been numerous attempts at organisational reform. The first major push came under Director-General Mahler (1973–1988), whose "Health for All" agenda centred on the promotion of primary health care, particularly in countries emerging from colonial rule. The reform's push for regionalisation proved difficult to contain, prompting Mahler's later disillusionment (Hanrieder 2015a, 86). At the turn of the century, Director-General Gro Harlem Brundtland (1998-2003) led the "One WHO" reform, seeking to rein in the organisation's geographical fragmentation while furthering technocratic expertise and closer links with the private sector (Hanrieder 2015a, 93–116; Velásquez 2022, 95). About a decade later, Director-General Margaret Chan (2006-2017) announced "the most extensive administrative, managerial, and financial reforms [...] in [the WHO's] 63-year history" (World Health Organization 2011, 8) — an effort characterised as "ambiguous and disjointed" (Velásquez 2022, 95). Chan's initiative aimed to increase organizational effectiveness, resourcing, human resource policy, results-based planning, and accountability. All these processes yielded some positive outcomes, but observers have noted considerable shortcomings, partially stemming from a tendency to hone in on "'easy' short term goals" (Hanrieder 2015a, 150). Finally, in 2017, Dr Tedros announced a "Transformation Agenda" deemed "the most ambitious and comprehensive" since the WHO's founding, aimed at strengthening country impact, global leadership, and partnerships with external stakeholders (World Health Organization 2025a).

The reforms pursued within the WHO before the COVID-19 pandemic — as well as those advocated by scholars and analysts (Cassels, Kickbusch, et al. 2014, 6) — tend to concern three broad areas: the organisation's governance, its financing, and its purpose. We now explore each of these interlocking areas, highlighting the concrete elements most frequently identified as priorities for reform.

Institutional Governance

The WHO is governed by the World Health Assembly (WHA, made up of representatives from all member states), and a 34-member Executive Board (charged with giving effect to WHA decisions and setting its agenda). Analysts have long noted inefficiencies in and between the two bodies (Cassels, Smith, et al. 2014), as well as inclusiveness gaps (see Moser and Bump 2022, 7–8) and difficulties in overseeing regional branches (Lidén 2014; see also Moser and Bump 2022, 6). There are six such branches: the African Region, the Region of the Americas, the South-East Asia Region, the European Region, the Eastern Mediterranean Region, and the Western Pacific Region. These were established shortly after the WHO's founding and modelled on the pre-existing Pan American Sanitary Organization (currently known as Pan American Health Organization, PAHO), which became integrated into the WHO as its Regional Office for the Americas in 1949 (Fee et al. 2016). The WHO's regional decentralisation gave rise to a quasi-confederal structure that is unique in the UN system (Hanrieder 2015a, 84–90, 118).

Decentralisation and subsidiarity can foster organisational effectiveness: the WHO's 153 country offices are highly valuable assets in providing localised support (Coates et al. 2022). However, fragmentation within the organisation's architecture has created critical operational challenges, such as conflicting policy guidelines across geographies (van der Rijt and Pang 2013, 4; see also Moser and Bump 2022, 6). Director-General Brundtland's "One WHO" agenda failed in its aspiration to establish greater centralisation and, in fact, boosted a programmatic fragmentation that has become deeply entrenched (Hanrieder 2015a, 111–16; van der Rijt and Pang 2013, 2). This high degree of complexity has undermined the WHO's transparency and accountability, both of which have long been considered by observers and insiders to be institutional weaknesses (see Cassels, Kickbusch, et al. 2014; Gostin et al. 2015; Reddy et al. 2018; van der Rijt and Pang 2013).

Fragmentation within the organisation's architecture has created critical operational challenges.

Partly in connection with its perceived transparency deficit, the WHO has debated the benefits and risks of engaging with non-state actors such as non-governmental organisations (NGOs), private entities, philanthropic foundations, and academic institutions (World Health Organization 2016). Most widely discussed proposals to enhance the participation of these actors in WHO governance have failed to gain traction (Gostin et al. 2015, 860–61). However, in 2016, the WHA adopted a "Framework of Engagement with Non-State Actors." This framework is not without its critics: It has not fully satisfied civil society's demands for increased access (Interview 3). Its provisions regarding potential conflicts of interest remain vague, and it does not preclude engagement with actors that work against the WHO's goals, except for the tobacco and arms industries (Velásquez 2022, 98–99). Some analysts and stakeholders also object to the framework's equal treatment of different types of non-state entities regardless of their public health orientation or for-profit status (Seitz 2016, 7–8). More broadly, the framework does not address the

systematic ability of non-state actors to shape the organisation's priorities through their funding, as we will see next.

Financing

The WHO's financial troubles are the primary source of its vulnerability. While the organisation's budget has grown substantially over time (Hanrieder 2015a, 9), "scholars have argued that the financial resources of the WHO are incommensurate with its mandate" (Reddy et al. 2018, 2). Shortly after COVID-19 hit, Dr Tedros voiced his frustration over the WHO's budget being equivalent to that of "a medium-sized hospital in the developed world" (World Health Organization 2020, 9). With this level of funding, the organisation is not set up for success, particularly given the high expectations placed on it to effectively manage health emergencies.

With this level of funding, the organisation is not set up for success.

The format of financial contributions poses an additional challenge (Reddy et al. 2018). In the 1980s, the WHA adopted a "zero real growth" policy for its membership dues (otherwise known as "assessed contributions"), which evolved into an even more stringent "zero nominal growth" policy in the 1990s. This effectively means that the WHO's core budget has remained largely stagnant in real terms, with no adjustment for inflation or expanding global health responsibilities. The ensuing decline in the real value of assessed contributions[3] was offset by a significant rise in voluntary contributions by states, international organisations, public-private partnerships, and non-state actors (Reinsberg et al. 2024). These voluntary contributions are unpredictable, and most are earmarked, meaning that the WHO has no discretion in how this money is spent. Research on earmarked funding has repeatedly demonstrated that it increases transaction costs, administrative burdens, and the ability of member states to hinder multilateral decision-making (Graham 2014; 2023; Heinzel et al. 2023; Patz and Goetz 2019; Schmid et al. 2021; Sridhar and Woods 2013). In the 2018-2019 biennium, just before COVID-19, WHO funding through assessed or core voluntary contributions — a rare type of flexible voluntary contributions — represented only about 20 percent of its total funding. The Bill and Melinda Gates Foundation,[4] Gavi, and Rotary International were among the WHO's top ten funders at the time.

Purpose

Analyses of the WHO's financial woes inevitably lead to a broader conversation about the organisation's standing within the global health architecture. The governance of global health has been described as a "regime complex" (Fidler 2010; Leon 2015), referring to the overlapping entities governing the field, which continue to grow in number,

3 WHO member states' share of assessed contributions reflects the principle of "capacity to pay," primarily determined using Gross National Income (GNI), adjusted for factors like population and debt burden.

4 In January 2025, the Bill and Melinda Gates Foundation was renamed as the "Gates Foundation."

heterogeneity, and interconnectedness. On the one hand, this trend reflects the significant increase in attention and resources garnered by global health over the past few decades. On the other hand, the proliferation of new global health actors has challenged the WHO's ability to "orchestrate" and thus to fulfil its constitutional mandate (Hanrieder 2015b), especially since the organisation is not autonomous from many of the actors it is supposed to coordinate.

The WHO retains a comparative advantage in its universal and multilateral nature. Other powerful levers of influence are its instrumental legitimacy (its overarching purpose and irreplaceability; Yang 2021) and its normative capacity (its ability to produce legal instruments). Yet this authority has remained underutilised (Gostin et al. 2015) and other international organisations have stepped in to regulate, like the WTO and WIPO have done in the case of the trade-intellectual property-public health nexus (Fernández and Heinzel 2025a).

The governance of global health has been described as a "regime complex."

WHO member states have long been divided over the organisation's core priorities (Moser and Bump 2022, 11), while its leadership has struggled to navigate its broad mandate. These tensions became visible during the COVID-19 pandemic and its aftermath. In what follows, we examine how key actors have recently positioned themselves in relation to this and other pivotal institutional debates.

Key Actors and Reform Positions Perspective

2020 to 2025 was a critical phase for the WHO, marked by heightened scrutiny across all three ENSURED dimensions: robustness, effectiveness, and democracy. It has been shaped by geopolitical rifts and new pressures on the governance, financing, and strategic direction of the organisation.

The WHO Secretariat

The WHO Secretariat, headed by the Director-General, is the administrative wing of the WHO. The Secretariat found itself in the middle of a broader geopolitical confrontation between the US and China over the WHO's early handling of the COVID-19 outbreak. Despite this, Dr Tedros was re-elected by the WHA as Director-General in 2022. The Secretariat has anchored reform efforts in Dr Tedros' "Transformation Agenda," which began in earnest in 2019, with the promotion of a new unified operating model across the WHO's headquarters, regions, and country offices (World Health Organization 2025a). It also put in place an implementation plan on reform, which sets out operational changes in governance, programme delivery, and staff performance management (World Health Organization 2023c).

The reform process has been criticised as largely technocratic.

Through these reform efforts, the Secretariat has attempted to make WHO funding more diverse, flexible, and predictable, as well as fostering organisational agility — enhancing its robustness. On effectiveness, reforms have emphasised results-based management (World Health Organization 2024) and a strengthened normative role for the WHO in global health security, through the revised International Health Regulations (IHR) and a new Pandemic Agreement (Fernández and Heinzel 2025b). In relation to democracy, the Secretariat has made some progress on transparency and accountability. However, the reform process has been criticised as largely technocratic overall, with limited efforts to broaden participation beyond established state and non-state partners (Interviews 2 and 3; see also Balasubramaniam 2024).

The United States

The US has traditionally been the WHO's largest single contributor. Since 2020, however, US engagement with the WHO has been highly inconsistent. The first Trump administration announced in 2020 that it would withdraw from the organisation, citing concerns about Chinese influence, the WHO's performance during the pandemic, and its alleged failure to reform (The White House 2025). In 2021, under President Joe Biden, the US reversed this decision, but its political and technical support did not fully recover (Interview 8), and it did not always meet its financial obligations on time (Interview 9). For the 2024–2025 budgetary biennium, the US has not paid its assessed contributions, despite being obliged to do so until its

withdrawal under the second Trump administration becomes effective in January 2026. So far, the US has not indicated any intention of pulling out of PAHO.

On robustness, the US has historically expressed support for strengthening the WHO's operational capacity. At the same time, it has often undermined the WHO's autonomy by failing to reliably provide its share of funding — a pattern that reached an extreme between 2020 and 2025. On effectiveness, Washington has promoted efficiency and measurable outputs, in line with broader US foreign assistance priorities. The US has shaped the WHO's normative outputs, such as conventions, regulations, and recommendations, while setting clear red lines to moderate the ambition of these outputs (Interviews 4 and 5). It has been inconsistent in its treaty ratification, frequently disregarded WHO guidance, and turned to other organisations like the World Bank when politically expedient (Aremu et al. 2025). Moreover, it was not particularly engaged in the negotiations on the Pandemic Agreement. Nevertheless, it played a major role in attempts to make the IHR more fit for future pandemics (Interview 5). On democracy, US statements emphasise transparency and accountability, a rhetoric that has often been linked to efforts to limit perceived rival influence, particularly that of China (see The White House 2021). Even when the US withdrawal from the WHO becomes formal, it is likely to continue influencing the organisation through informal channels and discursive power. It will also remain dependent on the WHO for global disease surveillance and normative global health guidelines (Interview 4, see also Green 2025).

On effectiveness, Washington has promoted efficiency and measurable outputs.

China

China has increased its profile in WHO governance and, in 2020, became the second-largest assessed contributor to the organisation after the US. Historically, China has been reluctant to expand its funding, but its assessed contributions have soared due to its rapid economic growth. Its modest voluntary contributions kept China at the relatively low eighth place among WHO donors in 2020–2021, eleventh in 2022–2023, and provisionally at tenth (as of August 2025) in 2024–2025. At the 2025 WHA, China pledged US $500 million to the WHO for the next five years, breaking significantly with past trends (Zhang and Jing 2024). However, it remains unclear whether this pledge includes its membership fees or refers entirely to voluntary funds (Reuters 2025). In any case, such a sizeable contribution would make China the largest donor to the WHO. This commitment appears to be aimed at expanding Chinese influence, particularly as the US reduces its involvement in the organisation. It also signals a restart in relations between Beijing and the WHO, which frayed under the weight of US pressure and other tensions as the COVID-19 pandemic unfolded (Huang 2025).

China's new funding pledge could significantly strengthen the WHO's financial base — and potentially its robustness. However, some observers see China's move as driven more by strategic positioning than a desire to provide institutional support, especially given China's objections to

Beijing's preference for bilateral partnerships, rather than a multilateral approach to global health governance, is likely to continue.

increasing assessed, flexible funding (Jovial 2025). Beijing's preference for bilateral partnerships, rather than a multilateral approach to global health governance (Huang 2025), is likely to continue. On effectiveness, China has endorsed the WHO's "leading role in global governance in public health" (Government of China 2023, 8), but has resisted reforms that would enhance oversight over national authorities during health emergencies (Bozzini and Sicurelli 2024, 119). Tellingly, China's engagement in the negotiations on the IHR amendments and the Pandemic Agreement was guarded and selective (Interviews 6 and 7). Regarding democracy, China promotes a state-centred multilateralism, favouring consensus among governments and resisting moves to expand the influence of non-state actors in decision-making (Zhang 2021).

The European Union and its Member States

The EU, through the combined contributions of the European Commission (the Commission) and its member states, is the WHO's largest funding bloc. Since 2020, funding from the Commission and Germany alone have been sufficient to secure this position — in fact, Germany was the largest single funder of the WHO in the 2020–2021 biennium. In the past decade, France, Italy, Sweden, and the Netherlands have consistently been among the top 25 donors. The European Investment Bank also rose to prominence as a WHO funder in 2024–2025, with figures updated as of August 2025 placing it among the top 10 donors. A reinvigorated policy leadership has accompanied the EU's financial commitments. In 2020, a Franco-German non-paper initiated post-COVID-19 reform discussions (Government of France and Government of Germany 2020). The Commission's 2022 Global Health Strategy outlined the EU's position on WHO reform, with an emphasis on financing.

On robustness, the EU has argued for strengthening the WHO's core funding through higher assessed contributions.

On robustness, the EU has argued for strengthening the WHO's core funding through higher assessed contributions (European Commission 2022). As we will discuss in an upcoming section that examines the EU in greater detail, the extent to which the Commission and EU member states have fulfilled this commitment is uneven. On effectiveness, the EU has decisively backed reforms aimed at strengthening the WHO's governance and normative authority. This came, most notably, through the EU's recent advocacy of the Pandemic Agreement (Fernández and Heinzel 2025b). However, when governance overlaps arise, the Commission favours other organisations where EU actorness is greater — primarily the WTO (Fernández and Heinzel 2025a). On democracy, the EU promotes broad stakeholder participation (Interviews 2, 3 and 11). This not only includes civil society, but also pharmaceutical companies, which can bring conflicts of interest. Overall, the EU's influence at the WHO is consolidating, with improved internal coordination helping to offset the limitations of the Commission's observer status.

The Gates Foundation

The Gates Foundation is the WHO's largest non-state donor and is projected to become the top single contributor overall in the 2024–2025 biennium. All its contributions are earmarked. For years, the Gates Foundation has funded consultancy work on WHO reform, with several academic and journalistic sources raising concerns about transparency in these contractual arrangements (Belluz and Buissonniere 2019; Eckl and Hanrieder 2023; Gostin et al. 2015, 861). One interviewee confirmed the Gates Foundation's practice of funding these services but claimed that the consultancy firms most often cited for their close collaboration with the WHO have not been involved in the "Transformation Agenda" since at least 2023 (Interview 8). However, this interviewee and recent reports confirmed consultants' involvement in parallel processes, including the most recent reorganisation and cost-saving plan, once again with the financial support of the Gates Foundation (Fletcher 2025d).

The Gates Foundation favours disease-specific programmes that shift resources away from health systems strengthening.

From the perspective of robustness, the Gates Foundation's support strengthens the WHO's capacity in targeted areas. Still, it does not enhance its autonomy, due to the foundation's frequent "micromanaging" (Interview 10) and the fact that consultancy services can erode in-house expertise. In terms of effectiveness, the Foundation's programme-specific funding supports technical innovation and results-driven initiatives. Still, it also risks aligning the WHO's priorities with donor preferences rather than collectively agreed goals. Furthermore, the Gates Foundation favours "vertical," disease-specific programmes that shift resources away from the WHO's "horizontal" efforts in health systems strengthening and Universal Health Coverage (Storeng 2014). On democracy, the Foundation's prominent role highlights broader debates about the influence of private philanthropy in multilateral governance, which is often "oblique and indirect" (Interview 9), but no less consequential as a result. The limited accountability of such actors to member states and affected populations is a key challenge (Blunt 2022).

Comparative Observations

All selected actors acknowledge the need to strengthen the WHO. Yet there exists drastic variation in their strategies to achieve this, ranging from outright disengagement to consensual approaches. Substantially, actor preferences also differ significantly, with resistance to transformation occasionally surfacing. Table 1, below, synthesises the positions of the five actors, drawing on the key ENSURED indicators of robustness, effectiveness, and democracy.

Table 1: Selected Actors' Positions on WHO Reform, in Terms of Robustness, Effectiveness and Democracy (2020–2025)

Continued on the next page.

Indicators	Positions on WHO Reform
WHO Secretariat	
Robustness	Seeks governance autonomy and institutional stability through more sustainable funding. Engages in systematic priority-setting exercises and, after the announced US withdrawal, implemented major cost-saving measures.
Effectiveness	Reinforces the WHO's normative and convening role. Emphasises institutional agility and results-based management.
Democracy	Complies with member state requests for enhanced transparency and accountability while continuing to pursue some technocratic, top-down forms of governance.
Overall position	Selective reformist. Primarily focuses on preserving the organisation's robustness while seeking to satisfy competing demands for change from member states and other funders.
United States	
Robustness	Empowers the WHO selectively, when it views it as an asset. Asserts control through voluntary contributions. Withholds funding and expects radical overhauls when severe misalignments arise.
Effectiveness	Emphasises efficiency and measurable outputs. Sponsors normative outputs if they do not appear to constrain US sovereignty, and ratification can be sidestepped.
Democracy	Requests transparency and accountability in WHO operations, particularly concerning US geopolitical rivals. Calls for further burden-sharing in membership fees. Involves non-state actors when aligned with US interests.
Overall position	Occasional revisionist actor, with status quo instincts. The Trump administration's disengagement from the WHO is unprecedented, but it reflects long-standing tensions and echoes past US tactics.
China	
Robustness	Generally, resists increases in all types of funding, but rallies behind the WHO when geopolitical opportunities arise.
Effectiveness	Aims to limit the WHO's ability to impinge on national sovereignty through ambitious normative instruments. Promotes a development-oriented organisation that recognises diverse cultural norms and public health practices.
Democracy	Wants to keep the organisation strictly member-state-driven. Preventing Taiwan from participating as an observer in the WHA.
Overall position	Essentially a status quo player. Shows some willingness to fill the gap left by the US, yet maintains a preference for bilateral arrangements.

Continued from the previous page.

European Union	
Robustness	Endorses an increase in sustainable funding through assessed contributions. Continues to provide voluntary funding, which is often highly inflexible (e.g., in the case of the European Commission).
Effectiveness	Partners with the WHO Secretariat in the promotion of holistic perspectives on global health, as well as normative outputs like the Pandemic Agreement. Prevents the WHO from encroaching on the remits of other organisations with strong EU actorness, such as the WTO.
Democracy	Encourages the participation of other international organisations and non-state actors (e.g., civil society, pharmaceutical companies). Frames transparency and accountability as a precondition for flexible funding.
Overall position	Selective reformist. Supports strengthening the WHO as the cornerstone of global health governance, but places some limits on its policy scope.
Gates Foundation	
Robustness	Exerts high organisational control through its voluntary, fully earmarked contributions, which also fund a prominent role for consultancy firms within the WHO.
Effectiveness	Promotes a nimbler WHO. Emphasises efficiency and measurable outputs. Drives the WHO closer to a vertical, disease-specific approach to global health.
Democracy	Opens the organisation to non-state actor influence while operating outside of accountability structures.
Overall position	Status quo player with reformist instincts. Embraces the WHO as an irreplaceable convening forum and partner, while seeking to create space for other global health actors.

The WHO's Post-COVID-19 Transformation

Robustness

Most of the reforms undertaken by the WHO since the COVID-19 outbreak concern the organisation's robustness. The pandemic exerted unprecedented pressure on the organisation. Still, it did not pose an existential challenge, as it also underscored the need for a public health authority with a global mandate (Yang 2021). The heightened profile of the WHO drove a significant surge in resources, with the 2020–2021 and 2022–2023 biennia attracting record levels of funding. Yet the funding shortfall left by the US after President Trump's return to office in 2025 has plunged the WHO into financial distress. According to one interviewee, "the current crisis is the biggest crisis in the 77-year history of WHO, no doubt about it" (Interview 8). Other interviewees referred to current developments as "a return to the status quo" after the pandemic, emphasising the WHO's longstanding financial struggles (Interviews 9 and 11). However, with the WHO set to lose its most crucial donor and many governments "turning away from global health, [the challenge] seems bigger now compared to the last couple of decades" (Interview 10).

The funding shortfall left by the US after President Trump's return to office in 2025 has plunged the WHO into financial distress.

While the pandemic initially stalled many elements of Dr Tedros' "Transformation Agenda," it also accelerated reform attempts aimed at bolstering the WHO's autonomy. The Secretariat saw an opportunity to address the chronic funding deficit; even at the peak of the pandemic, the WHO's funding remained paltry for an organisation of such far-reaching scope. Notably, the WHO Foundation was launched in 2020 to expand and diversify the organisation's donor base by appealing to the commercial sector and high-income individuals. This new instrument, which took the form of a separate legal entity, had been in the works since 2018. Through its first three years, it raised just over US $80 million in new funding and, despite being conceived as a vehicle to attract flexible resources, received predominantly earmarked contributions (Maani et al. 2025; Ralston et al. 2024).

In May 2022, a member state-based Working Group on Sustainable Financing persuaded the WHA to adopt a more comprehensive solution. Member states agreed to increase the share of assessed contributions with an aspiration "to reach 50 percent of WHO's [2022–2023 base] budget[5] by 2028–2029 if possible, and by 2030–31 at the latest, up from the current 16% in 2020–21" (World Health Organization 2022). The pledge effectively ended a decades-long "zero nominal growth" policy in assessed contributions, thus constituting "the major success story of the WHO's attempts to have predictable, consistent money" (Interview 9).

5 The base budget, which embodies the WHO's core mandate, represents the largest segment of the organisation's programme budget.

Other commentators struck a more sceptical tone, stressing that WHO member states retained the right to withhold approval of proposed fee increases should they deem governance reforms to be inadequate (Fidler 2022). In a nutshell, member states offered a quid pro quo to the Secretariat (Interview 8), whereby increased robustness through more flexible and predictable funding would be conditional on increased accountability. The WHA requested a Secretariat implementation plan on reform, while the Executive Board established an Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. These two reform streams, as well as a Secretariat-led Action for Results Group to empower WHO country offices, complemented the "Transformation Agenda" of Dr Tedros, who was re-elected in the 2022 WHA. A priority-setting exercise also began, characterised as "more systematic, refined and data driven" than past iterations (World Health Organization 2023a, 9).

Shaped in part by the consultancy firms engaged in WHO reform, Dr Tedros' metrics-based, results-oriented approach (World Health Organization 2024) has paid some dividends. Most member states have fulfilled their 2022 funding commitments, with only a few exceptions, including the US under the second Trump administration and Argentina. The WHA approved gradual 20% increases in assessed contributions for 2024–2025, and — after overcoming widely reported resistance from China (Anderson 2025) — for the 2026 –2027 biennium as well. It remains uncertain whether this trend will endure in future budget cycles or how voluntary contributions will evolve. As of August 2025, the latter are projected to fall in 2024–2025, relative to the previous biennium.

More recent efforts to underpin the WHO's finances have yielded mixed results. In 2024, the WHO launched its first-ever investment round, aimed at funding the organisation's core work between 2025 and 2028. The investment round, roughly modelled on the replenishment mechanisms of Gavi and the Global Fund, was proposed by the Working Group on Sustainable Financing. It has reportedly secured US $3.8 billion in commitments, which is about half the initial target (Shetty 2024). The bulk of the funding has come from European countries; other WHO regions have contributed more modestly (World Health Organization 2025g). Tellingly, both Saudi Arabia and Brazil organised major fundraising events but offered no pledges themselves.

Leaked UN80 proposals mention a potential merger of the WHO and UNAIDS.

These dynamics suggest that the WHO will find some ways to offset the loss of US financial contributions, but not fully. The Secretariat's response has been to reduce the 2026–2027 budget by 21 percent compared to its initial proposal (Cullinan 2025a). Defunding has already led to painful restructuring and cost-saving measures, including significant job cuts, primarily among junior pay grades (Concerned WHO Staff 2025). Further reorganisation may take place under the UN80 Initiative, a UN-system-wide reform effort launched in March 2025 to help the UN respond more effectively to evolving global challenges amid tightening resource constraints. Leaked UN80 proposals mention a potential merger of the WHO and UNAIDS (Fletcher 2025a). PAHO, owing to its semi-autonomous status and its location in Washington,

DC, appears somewhat more insulated from US pressure. Still, the Trump Administration has recently threatened this organisation with funding cuts as well (Fletcher 2025b).

Overall, the WHO is facing turbulence, but it remains a relatively stable organisation, with a highly entrepreneurial Secretariat (Cortell and Peterson 2022; Ege et al. 2021) and a large global workforce of about 8,000 professionals. Despite eliciting significant contestation, especially among anti-globalist and anti-science movements, most actors continue to agree on its importance and irreplaceability (Yang 2021) — a perception underpinned by the organisation's significant "ideational robustness" (Denis et al. 2024). Nevertheless, with anthropogenic factors driving an accelerated emergence and spread of infectious diseases like COVID-19 (Sabin et al. 2020), the stakes for the WHO have grown, while the scale and quality of its resources have not kept pace.

Effectiveness

Since the COVID-19 pandemic, most public scrutiny of the WHO has focused on its effectiveness. The WHO's authority has been of particular interest to scholars, due to glaring gaps in member states' compliance with the IHR during the pandemic. A previous ENSURED report analysed the process leading up to the adoption of the IHR amendments in May 2024 and the Pandemic Agreement in May 2025, with the latter still lacking a key annexbefore it can be opened for member states' signatures (Fernández and Heinzel 2025b). Despite their limited ambition and difficulties in securing the support of some member states (see World Health Organization 2025d, 82–88), both the revised IHR and the Pandemic Agreement have bolstered the WHO's convening power and normative role. They will also enhance readiness and responsiveness to health threats, alongside foreseen advances such as an updated WHO prequalification process that would help speed up the introduction of health products (Ravelo 2025).

Both the revised IHR and the Pandemic Agreement have bolstered the WHO's convening power and normative role.

Ongoing discussions about the WHO's effectiveness have also centred on the perceived need to revamp its institutional governance. In 2023, the Secretariat built on the work of the Agile Member States Task Group to present a series of proposals aimed at "improving the effectiveness of the WHO governing bodies," with an emphasis on preventing redundancies between the Executive Board and the WHA (World Health Organization 2023b). One country official interviewed mentioned streamlining the work of the two bodies as a strategic priority (Interview 7). Some commentators have similarly argued that the 34-member Executive Board, which typically meets twice a year, has "become a mini-WHA, failing to operate as a strategic decision-making body" (Kickbusch et al. 2025; see also Wenham and Davies 2023, 334). Fully remedying this issue would require an institutional overhaul that is not yet on the WHO's agenda. In the meantime, member states continue to weigh more technical adjustments.

The WHO's heavily decentralised governance model remains overlooked in current reform proposals. The few voices addressing this issue tend

to argue that greater responsibility and resources should be shifted from the Geneva headquarters to regional and country offices, to enhance the organisation's responsiveness and impact (see Wenham and Davies 2023, 333). This argument aligns with the work of the Action for Results Group on strengthening country offices (Ravelo 2025) and a recent WHO plan to relocate some units away from headquarters (Rigby and Farge 2025). In the last five years, advocacy by member states and the Secretariat on the other side, for a more centralised WHO, has been minimal (Wenham and Davies 2023, 333). However, even without major reforms to the decentralised model, change is possible: For example, WHO regions are not set in stone. Just a few months ago, Indonesia left the South-East Asia Region to join the Western Pacific Region, in pursuit of an innovation-centric rather than development-oriented partnership ecosystem. This transition, resisted by India and other countries from the Southeast Asia Region (World Health Organization 2025e), "challenges the idea of static regional belonging and opens a door for more dynamic, purpose-driven affiliations" (Ridlo 2025). One interviewee concurred, observing that dissatisfaction with WHO regions has long simmered beneath the surface and could boil over if Indonesia's decision prompts similar moves in other countries (Interview 6).

In terms of organisational purpose, the WHO's broad mandate is often referenced in reform debates. Though its constitution lists as many as 22 functions (World Health Organization 1946, 2–3), some commentators argue that it is not only necessary but also feasible to enhance the organisation's political and financial capabilities, thereby enabling the fulfilment of its original mandate (Interview 9). In fact, many stakeholders and observers repeatedly call for an expansive interpretation of this mandate, so that it encompasses contemporary issues and challenges, such as intellectual property and climate change (Harmer et al. 2020; see Fernández and Heinzel 2025a). Others believe instead that the WHO should "embrace its strengths and let go of its weaknesses" (Wenham and Davies 2023, 330), thereby aligning expectations more closely with political constraints.

The WHO's most apparent comparative advantage is generally thought to lie in its normative and convening power.

Post-COVID-19 conversations around priority-setting are a sign that the latter position has gained ground, fuelled by some external appeals for the WHO to limit itself to a few "core functions" (de Campos-Rudinsky 2021; Kickbusch et al. 2025). The WHO's most apparent comparative advantage is generally thought to lie in its normative and convening power. Still, there is persistent disagreement and "not enough strategic thinking" (Interview 7) about what its "core functions" should be (see Ravelo 2025). Restructuring measures are guiding prioritisation, rather than the other way around (Interview 7), meaning that further downscaling is likely, with expansionist voices now concentrated on safeguarding as much of the status quo as possible. After all, most member states "[do not] seem to see the need for an expanded WHO, [as they] see it as a threat [...] to their national sovereignty" (Interview 9).

Implicit in these considerations is a broader debate about the WHO's role in today's crowded global health governance landscape. COVID-19 reinforced the WHO's shift to a partnership model, exemplified by the

multistakeholder Access to COVID-19 Tools (ACT) Accelerator (Interview 8), but did little to clarify the divisions of labour with other global health actors. According to a country official, progress on this front "is totally virtual — nothing happened and nothing is really changing" (Interview 7). The same interviewee noted the UN80 Initiative as a potential catalyst in this respect, even if the UN system represents only one segment of the global health architecture. Member states expect the WHO Secretariat to lead a conversation on the coherence of this institutional architecture (Interview 7), but the substantial public funding provided to alternative entities can make this request seem contradictory (Interview 11). The effectiveness of the WHO, and of global health governance more broadly, will hinge on the organisation's ability to reassert its directing and coordinating authority. This constitutional prerogative has been compromised for decades.

Democracy

The WHO has also grappled with questions about participation and accountability for decades, and the post-pandemic era is no exception. The WHO is a state-based organisation, with the WHA operating under a "one country, one vote" system, although consensual decision-making has always been favoured. Over the past two decades, growing politicisation has placed this system under strain. Voting has thus become more common in recent years (Patnaik 2024), as illustrated by resolutions adopted in connection with the Russia-Ukraine and Israel-Palestine conflicts — but also by a somewhat unexpected committee vote on the Pandemic Agreement in 2025 (Patnaik 2025).

The WHA has broadened its thematic scope to reflect the more tense geopolitical context (Interview 8). A broad thematic scope is consistent with the WHO's constitutional mandate, but sits uneasily with present attempts to reduce the volume of resolutions and ease the burden on understaffed delegations (Wenham and Davies 2023, 334; World Health Organization 2023b, 2). Some analysts have suggested capping delegation sizes, among other measures aimed at creating a more level playing field (Irwin 2020). Such reforms would inevitably require political compromise, which is difficult to achieve when well-resourced delegations stand to lose. In 2025, China dispatched the largest delegation in WHA history, consisting of over 180 representatives (Wang 2025).

Civil society has reportedly had little say in post-COVID-19 institutional reform processes.

There have been a few notable developments regarding non-state actor participation over the past five years. In 2023, the WHO launched a Civil Society Commission to advise the Secretariat (World Health Organization 2023d). More recently, WHO member states agreed to allow "relevant stakeholders" into the negotiating room to follow discussions on the Pandemic Agreement's annexe (Cullinan 2025b). These steps seek to address a longstanding dissatisfaction among civil society organisations about both *de jure* and *de facto* access opportunities (Interviews 2, 3, and 11). Civil society has reportedly had little say in post-COVID-19 institutional reform processes (see Balasubramaniam 2024). However, this is not true of all non-state actors: consultancy firms have been deeply involved in the process. This

involvement has intensified concerns about the WHO's ties with these firms, particularly in light of improper procurement practices identified in external audits (Belluz 2021), as well as reports that one firm collaborated with Israel and the US in modelling the costs of "relocating" Palestinians from Gaza (Foley 2025). As consultants fall outside the WHO's Framework of Engagement with Non-State Actors, they can bypass its transparency and accountability requirements (Eckl and Hanrieder 2023, 2317), which in any case remain underdeveloped with respect to potential conflicts of interest (Interview 11).

The WHO's renewed accountability framework includes a new policy on preventing and addressing sexual misconduct.

Despite these shortcomings, the WHO has made some strides in terms of accountability. In the latest WHA, member states approved the first-ever procedure for handling and investigating potential allegations against WHO Directors-General (World Health Organization 2025c). The process fulfils a 2019 UN recommendation and allows participation by internal oversight bodies and external investigators, despite a few loopholes (Fletcher 2025c). The WHO's renewed accountability framework also includes a new policy on preventing and addressing sexual misconduct. This policy was introduced in 2023 after accounts of sexual exploitation and abuse by aid workers, including WHO staff, in the Democratic Republic of the Congo. Reviews found serious flaws in the WHO's standards of prevention, reporting, and case management. These flaws have now been partially addressed, even as questions linger about the organisation's internal justice system and accountability mechanisms (Fletcher 2023; Ravelo 2023), as current downsizing plans are also revealing (Health Policy Watch Editorial Team 2025).

In its quest for greater robustness, the WHO's Secretariat has generally adopted the *quid pro quo* approach whereby member states provide more flexible and predictable financial support in exchange for enhanced scrutiny (Interview 8). Nevertheless, trade-offs between robustness and democratic accountability have arisen. The most prominent example is the WHO Foundation, which has increasingly relied "on a few, larger, anonymous donations", suggesting that its "transparency is similar to that of [...] organisations characterised as 'dark money' think tanks" (Maani et al. 2025, 5–7). Despite its theoretical adherence to the WHO's Framework of Engagement with Non-State Actors, the Foundation's independent legal status has allowed it to circumvent these principles "in order to maximize engagement with donors, including health harming industries" (Ralston et al. 2024, 7; see also Velásquez 2022, 99). Once again, the WHO's struggles in navigating conflicts of interest come to the fore. One interviewee pointed out the inconsistencies: "I understand they are doing it because they want to get a wider base of funders, [but] it is a contradiction. You cannot claim to be accountable if you are refusing to disclose who is funding the WHO Foundation" (Interview 9).

These findings underline just how peripheral democratic considerations have been to the WHO's reforms over the past five years. The organisation has offered its donors further transparency over funding allocations, but it has registered slow progress — and even some backsliding — in promoting inclusiveness and ensuring direct accountability to its staff, civil society, and the broader public.

Table 2: Key Milestones and Critical Junctures in WHO Reform Efforts (2020–2025)

Date	Milestone
May 2020	WHO Foundation established as a separate legal entity aimed at supporting the WHO's work
January 2021	WHO Executive Board establishes Working Group on Sustainable Financing (seven meetings held in 2021 and 2022)
May 2022	WHA adopts principles of sustainable financing, requests Secretariat implementation plan on reform, re-elects Dr Tedros as WHO Director-General
May 2022	Executive Board establishes Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance (three meetings held in 2022)
December 2022	Eleventh WHO Global Management Meeting launches Action for Results Group to strengthen the WHO's country presence
March 2023	WHO introduces new policy on preventing and addressing sexual misconduct, enhancing its legal and accountability frameworks
May 2023	WHA approves 20 percent increase in assessed contributions for 2024–2025, adopts Agile Member States task group recommendations
August 2023	WHO establishes new Civil Society Commission
May 2024	WHO launches first-ever investment round
June 2024	WHA adopts IHR amendments
January 2025	US freezes funding and announces WHO withdrawal, to be effective in January 2026
March 2025	UN80 Initiative launched, heralding a system-wide reform effort
May 2025	WHA endorses reduced budget for 2026–2027, agrees to second consecutive 20 percent increase in assessed contributions, approves process for handling and investigating potential allegations against WHO Directors-General, adopts Pandemic Agreement

The EU as a Driver of WHO Reform

The EU and its member states have been deeply involved in WHO reform since the COVID-19 pandemic. Despite only being a WHO observer, the EU has positioned itself as a key partner for the organisation. In her latest State of the Union speech, EU President Ursula von der Leyen conveyed the EU's new aspiration to "take the lead on global health" (European Commission 2025). This aspiration was already embedded in the EU's 2022 Global Health Strategy, which expressed support for the WHO while indicating potential areas of improvement:

"Global governance will require a new focus to maintain a strong and responsive multilateral system, with a World Health Organization (WHO) at its core which is as sustainably financed as it is accountable and effective." (European Commission 2022, 7).

As the excerpt above shows, EU efforts to build a better WHO encompass the three key analytical dimensions of ENSURED: robustness, effectiveness, and democracy (see also European Commission 2022, 21). The Franco-German "Non-Paper on Strengthening WHO's Leading and Coordinating Role in Global Health" (Government of France and Government of Germany 2020) similarly advocated a comprehensive assessment, outlining 10 action points aimed at building momentum for WHO reform after the pandemic. This non-paper informed discussions within the fifth special session of the WHO's Executive Board, which took place in October 2020 and primarily focused on identifying suitable reform avenues (Velásquez 2022, 104). The European Commission has contributed to the conversation through its new Global Health Strategy and significant diplomatic engagement, which has improved coordination with and among EU member states, although some misalignments persist (Interview 8).

The European Commission has boosted its financial contributions and vaulted into the top tier of WHO donors.

Beginning with robustness, the EU and its member states emerged as vocal supporters of the WHO when the US first threatened to leave the organisation (Schuette and Dijkstra 2023). Over the past few years, such support has been accompanied by a push for increased and more sustainable funding. This push was a key focus of the Franco-German non-paper, which argued that member states' "expectations vis-à-vis WHO have by far outgrown their willingness to provide funding to the organisation" (Government of France and Government of Germany 2020, 2). Germany was the largest WHO donor in 2020–2021,[6] as already mentioned. In addition, it chaired the WHO's Working Group on Sustainable Financing (2021–2022) and was instrumental in securing the universal commitment to raise the share of assessed contributions in subsequent biennia (Interview 10). Meanwhile, the European Commission has boosted

6 Germany's funding has since fallen significantly. According to the latest estimates, its 2024–2025 contributions to the WHO will be less than 30 percent the size of its 2020–2021 contributions.

its financial contributions and vaulted into the top tier of WHO donors. Despite being one of the pioneers in delivering thematic funding — a modality, introduced during the 2018–2019 biennium that is less flexible than core funding but more flexible than specified contributions (Iwunna et al. 2023, 2) — it has gradually turned away from this modality in the past two budget cycles, opting instead for specified contributions. The Commission has never offered any core, fully flexible voluntary funding to the WHO.

Regarding effectiveness, the EU is primarily concerned with underpinning the WHO's normative authority and convening role.

Regarding effectiveness, the EU is primarily concerned with underpinning the WHO's normative authority and convening role, particularly in global health security. The EU sponsored the Pandemic Agreement, only the second legal agreement negotiated under Article 19 of the WHO Constitution in WHO history, in close concert with Dr Tedros (Fernández and Heinzel 2025b). The new treaty advances a holistic approach to pandemic prevention, preparedness, and response, emphasising environmental and social determinants of health. However, the EU also placed limits on its ambition and material scope. For example, the treaty is largely silent on intellectual property and its impact on access to essential products. The EU believes, as do many high-income countries, that this issue should stay mostly under the purview of the WTO — "probably the most important international organisation" for Brussels (Interview 1; see Fernández and Heinzel 2025a). This reflects a broader pattern. On the one hand, the EU and its member states tend to favour an expansive WHO mandate, which some think should go so far as to cover humanitarian work (Velásquez 2022, 101). On the other hand, the EU helps to prop up governance actors and arrangements that overlap with and at times rival the WHO. "The challenge of avoiding duplication, competition for funding and mandates" (Government of France and Government of Germany 2020, 3) is incumbent upon both donors and the WHO (Interview 11). Yet the EU defers to the WHO on this matter:

"We reiterate our call on WHO to lead the reform of the global health ecosystem with other UN bodies as part of the UN80 initiative and global health actors. We would welcome an update from WHO on the actions undertaken and plans with regard to the coordination of mandates and operations of key actors." (European External Action Service 2025).

Turning now to democracy, the EU is generally a proponent of inclusiveness (Interview 2). Since the EU is not a WHO member, the Commission has a stake in championing further openness in the organisation's governance bodies and multilateral negotiations. WHO member states have selectively but increasingly accommodated the Commission's aspirations to enhance its participation. In its recent Global Health Strategy, the Commission declared a desire to advance towards full membership (European Commission 2022), but subsequent Council conclusions glossed over this question (Council of the European Union 2024). The Commission and EU member states are more aligned in endorsing the involvement of non-state actors in WHO governance, which is well-received in civil society circles. However, the EU extends this support to pharmaceutical companies and independent experts. This has exacerbated fears that private interests are capturing the organisation, and that it relies excessively on technocratic

governance approaches, primarily aligned with the preferences of high-income countries (Third World Network 2025). In terms of transparency and accountability, the EU and its member states have encouraged a reformist mindset. France and Germany requested a "revision of WHO's budgeting process, increasing budget transparency, accountability and clarity" (Government of France and Government of Germany 2020, 5). EU statements also continue to frame transparency and accountability as a precondition for flexible funding, thus underscoring a robustness-democracy quid pro quo (World Health Organization 2025b, 3).

EU statements continue to frame transparency and accountability as a precondition for flexible funding, thus underscoring a robustness-democracy *quid pro quo*.

In seeking to shape debates around the WHO and global health, the EU is facing several hurdles. Three stand out as particularly critical (Interview 8). First, Brexit dealt a blow to the EU's clout, as the United Kingdom has long been a prominent and renowned actor in global health governance. Second, the rise of far-right populism has deepened divisions within the EU regarding the WHO's role, as well as substantive issues such as sexual and reproductive health and vaccination. Third, global health has slid down the EU's agenda, which currently prioritises economic and security matters. Commenting on the effects of the US withdrawal from the WHO, an interviewee made the following remark:

"A huge hole is not being filled, neither financially nor politically. The only entity that has the size and muscle to do it is the EU [...]. [But] I don't think the EU as a group is getting enough influence for its money [...]. I don't think the ambition is high enough." (Interview 8).

Despite falling short in some respects, the EU has capitalised on the COVID-19 pandemic and heightened geopolitical frictions to gain visibility within the WHO. The Commission continues to work on improving internal coordination by framing it as a key lever of influence (European Commission 2022, 20). Greater cohesiveness can indeed serve a useful purpose, but countries in the Global South have voiced frustrations over the EU's perceived rigidity once it manages to reach a joint position (Interviews 6 and 11). The EU's ability to navigate these tensions and keep attention and resources flowing to the WHO will be decisive in cementing its leadership role in the organisation and beyond.

Conclusions: Future Scenarios for the WHO

This report examines how post-COVID-19 reform initiatives aim to enhance the WHO's robustness, effectiveness, and democratic governance. Our analysis shows that the WHO Secretariat's primary goal, which has drawn considerable member state support, has been to enhance its governance autonomy through greater financial flexibility and sustainability. The WHO's robustness has generally improved as a result, although current downsizing measures spurred by the loss of US funding are jeopardising these gains. In terms of effectiveness, the WHO recovered from perceived shortfalls in its pandemic management by reinforcing its normative and convening role, thanks to new and updated legal instruments designed to bolster responsiveness to health emergencies. Key challenges going forward lie in the limited ambition and enforceability of these instruments, as well as in clarifying the WHO's mission within the broader global health architecture. Regarding democracy, progress on transparency has been uneven, with advances in some areas and backsliding in others. Questions about the WHO's accountability to its own staff and the broader public endure, as do dilemmas about inclusiveness and conflicts of interest.

Concerns about potential WHO overreach, fuelled by misinformation campaigns, hindered efforts at progressive reform.

Several scenarios can be imagined about the WHO's future ability to fulfil its mandate. COVID-19-prompted warnings about an impending "age of pandemics" (European Commission 2022, 14) made a stronger WHO seem possible. This first scenario envisions a world where lessons from the pandemic are learned, leading to sharp increases in funding for global health and the widespread adoption of cosmopolitan principles. In this context, the WHO would assert itself as a directing and coordinating authority, not only in relation to national governments but also across the broader constellation of global health actors. Such an outcome would herald a new "golden age" for the organisation, blending the political vitality it experienced in the 1970s with the surge in global health funding characteristic of the early 2000s (see Fidler 2010; Hanrieder 2015a, 71). The sudden prioritisation of health policy after the outbreak of COVID-19 appeared to keep this "more with more" scenario within reach — if only narrowly.

Yet the global response to the pandemic soon revealed the improbability of this scenario. Concerns about potential WHO overreach, fuelled by misinformation campaigns, hindered efforts at progressive reform. Meanwhile, geopolitical rifts and the reliance of national governments — and even the WHO — on securitised approaches cast doubt on the possibility that cosmopolitan ideals would come to drive global health governance (Fernández 2024; Wenham et al. 2023). The pandemic-induced spike in global health funding faded as COVID-19 was gradually brought under control. Contributions to the WHO became "more transactional and less multilateral" in spirit (Interview 10), and President Trump's renewed

push to withdraw the US from the organisation delivered an even more critical setback. However, the pandemic raised public expectations about the WHO, creating the possibility of a second scenario, whereby the organisation would be forced to do "more with less."

Amid persistent calls to empower the WHO in fulfilling its far-reaching mandate, some have argued instead for a repurposed, more "humble" organisation (de Campos-Rudinsky 2021). Current financial pressures can be framed as an opportunity for the WHO to focus on a set of "core functions" reflecting its clearest comparative advantages (Kickbusch et al. 2025). Most proponents of this approach argue that the WHO should rebuild around its normative and technical expertise, while resisting recurring pressures to perform humanitarian and development functions and pursue an ever-broader remit (Interview 8; see Velásquez 2022). According to this vision, the WHO would become a more specialised actor, coexisting and partnering with a wide array of minilateral, regional, and bilateral arrangements (see Choi et al. 2024, 27–28), as well as private and multistakeholder entities. This outcome is not unavoidable. A new pandemic might change the picture and, even today, member states continue "adding more work at a time when we are scaling down to ensure we deliver on those core functions", as Dr Tedros lamented (World Health Organization 2025f). But a "less with less" scenario for the WHO appears likely. As one interviewee noted, "even though I completely disagree, I suspect [...] we will see a significantly reduced mandate for the WHO in the future" (Interview 9).

Current financial pressures can be framed as an opportunity for the WHO to focus on a set of "core functions."

While some fear that this trajectory could lead to the WHO's decline (Harmer 2023), such an outcome was also anticipated in the 1990s (Hanrieder 2015a, 97) and has yet to materialise. The WHO is often contested and scapegoated, and has long had to contend with forum shopping and the selective creation of some "counter-institutions" (see Choi et al. 2024, 28). Yet it has managed to endure by leveraging unique strengths, like its nearly universal membership, that confer it a high degree of instrumental legitimacy (Yang 2021). Virtually all national governments and global health actors, including transformative entities like the Gates Foundation, view it as irreplaceable. The US has long played a fundamental role at the WHO, but its exit is neither irrevocable nor likely to trigger a domino effect. More plausibly, it will catalyse renewed, if conditional, support from other donors like the EU and China. Narratives portraying the WHO as emblematic of the UN's decline, therefore, require nuance and should acknowledge the organisation's proven resilience.

List of Interviews

Number	Date	Interviewee	Location
1	11/26/2024	WHO consultant	Geneva
2	11/28/2024	CSO representative	Geneva
3	04/16/2025	CSO representative	Online
4	04/22/2025	Global health researcher	Online
5	05/13/2025	Country official	Online
6	07/01/2025	Country official	Online
7	07/02/2025	Country official	Online
8	09/15/2025	WHO official	Online
9	09/17/2025	University researcher	Online
10	09/24/2025	University researcher	Online
11	10/01/2025	Former WHO official	Online

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