Geopolitics of Public Health: The One and Only WHO

By Alex Berezow, PhD — July 20, 2020

As infuriating as the World Health Organization can be, the reality is that the U.S. cannot "go it alone" on issues like global disease surveillance. Staying in the WHO is aligned with America's long-term security, economic, and geopolitical interests.

In 1958, the Soviet Union proposed a global effort to eradicate smallpox, a disease that kills roughly a third of those it infects, including 300 million in the 20th century alone. On Dec. 9, 1979, it was completely eradicated. This public health triumph – perhaps the greatest in the history of mankind – would not have been possible without the efforts of the U.N.'s World Health Organization, which coordinated the immunization campaign. The magnitude of this achievement – removing a microbe from existence – cannot be overstated.
Past Glories

As a general rule, for an infectious disease to be eradicable [4], there must be a way to treat or prevent it (e.g., with a vaccine) to stop it from spreading. It also helps if the disease has a limited host range and does not survive inside other animals or in the environment. Smallpox infects only humans, which made it an ideal target for eradication. Currently, at least five infectious diseases are on the cusp of eradication [4]: polio, measles, mumps, rubella and dracunculiasis (Guinea worm). But science, technology and public health policies aren’t enough to do the trick. There must also be political will, which plays the vital role of providing attention and resources over the long term.

Yet, many nations often behave as if they have little incentive to cure illnesses outside their own borders, especially if they’re on the other side of the planet. This is reasonable; the top priority of any nation-state is self-preservation. But it’s also short-sighted. As we’ve learned, some viruses are always somebody else’s problem – until they aren’t and come crawling across one’s own front lawn. The WHO bridges the gap between rich nations, which are able to help but often don’t feel any urgency to act, and poor nations, which feel the urgency to act but are unable to.

The idea for the WHO [5] was born at the same conference in 1945 that led to the development of the United Nations. The idea was proposed by the Brazilian and Chinese delegations [6], which said, “Medicine is one of the pillars of peace,” and put into effect three years later. Controversy over funding and influence quickly ensued. The Soviet Union withdrew in 1949 [7] because it believed the U.S. had too much influence but rejoined in 1956 [8]. (Stalin had died, and Nikita Khrushchev extended something of an olive branch to Washington.) Fast forward 64 years, and a parallel situation has developed: The U.S. has initiated the withdrawal process because it believes
China has too much influence.

The WHO cannot live forever on its past glories, of course. The world in which it was created no longer exists. The post-World War II order has come to an end, and faith in internationalism has declined. That ideology once attracted countries far and wide, but now it is being replaced with more nationalist strategies.

But more important, the WHO is in need of cultural and fiscal reform and accountability. Like every institution, it’s a politicized body that suffers from institutional sclerosis and ineptitude. The Associated Press reported [9] that in a recent year, the WHO spent about $200 million on travel (which included swanky five-star hotels and business class flights), more than it spent on combating diseases like AIDS, hepatitis, malaria and tuberculosis combined. A follow-up report [10] showed that little has changed. The International Agency for Research on Cancer, a group within the WHO, has been accused of manipulating scientific reports [11] to reach predetermined conclusions that served the personal financial interest of at least one of its members.

Calls for reform of the WHO stretch back many years. A chapter [12] authored by Adam Kamradt-Scott published in the aptly titled “Political Mistakes and Policy Failures in International Relations” describes several major blunders that led to the organization’s mismanagement of the 2009 H1N1 influenza pandemic and the 2014 Ebola outbreak. In the case of the former, the WHO wished to avoid the term “Mexican flu” and instead chose “swine flu,” a policy that unintentionally resulted in the mass culling of pigs and national bans on the import of pork products. In the case of the latter, the report notes that a separate Associated Press investigation [13] found that the WHO delayed declaring the Ebola outbreak an international emergency because “it could have angered the countries involved, interfered with their mining interests or restricted the Muslim pilgrimage to Mecca” – a clear indication of politics influencing its decision-making. The WHO once again prioritized politics over global health when it was subsequently accused of delaying warnings about COVID-19 to placate Chinese President Xi Jinping.

According to Kamradt-Scott’s analysis, “Collectively, these mistakes suggest a risk-averse, reactionary bureaucracy and one highly protective of the organisation’s reputation. To date, there is little indication that this mind-set has changed.” It’s little wonder that others have asked if the organization should simply be abolished. An article [14] in the American Journal of Public Health bluntly asked that very question, noting that the WHO’s “successes are monumental, and so are its failures.”

But is that a good enough reason for the U.S. to withdraw? If a country’s participation in a multilateral institution is predicated on the belief that participation somehow benefits the country, it seems that the more relevant question is: Does the good the WHO accomplishes outweigh the bad? The answer to that question varies from country to country. Scientists and public health officials would unambiguously answer yes. What is not debatable is that the U.S., right or wrong, will lose its seat at the table of the world’s largest health agency, and with it any influence it had within the organization. Do the benefits of keeping the seat outweigh the costs?

The One and Only WHO

Yes. The benefits are clear. Disease surveillance, such as monitoring populations for worrying
signs of outbreaks or testing animals for potential zoonotic infections that could “jump” to humans, requires round the clock and round the world monitoring. The U.S. could not do it on its own; it requires extensive NGO networks, resources and personnel that only an international organization like the WHO can provide.

Furthermore, American biomedical research is deeply integrated with the WHO. The U.S. has 83 collaborating centers [15] with the WHO, including the Fred Hutchinson Cancer Research Center in Seattle, St. Jude Children’s Research Hospital in Memphis and Johns Hopkins University in Baltimore. One example of the important collaborative work is the twice-annual decision to determine which strains will make up the northern and southern hemisphere seasonal influenza vaccines. As Stat News [16] details, if the U.S. leaves the WHO, it is unclear to what extent organizations like the Centers for Disease Control and Prevention would participate or to what extent they can continue similar work on their own or with other countries through different channels. Collecting intelligence from other countries is vital to protecting not just global public health but the health of American citizens – which, in turn, helps protect the health of the economy.

Critics might suggest that these functions could be served by another organization, but it’s unclear who that could be. Scientific research is an international endeavor and, hence, benefits from the existence of international bodies that facilitate collaboration. The Bill & Melinda Gates Foundation, which has a similar mission to that of the WHO, was the latter’s second-largest source of funding in the 2018-19 budget cycle [17]. (The U.S. was the largest.) Obviously, if the Gates Foundation is willing to send more money to the WHO than any nation on the planet except the U.S., it clearly sees a tangible benefit. Besides, any organization that could grow large enough to take the place of the WHO eventually will succumb to the same problems of sclerosis and ineptitude. It’s like Murphy’s Law applied to humans in large groups.

The costs of remaining in the WHO are minimal. The financial contribution from the U.S. government – about $893 million – is no more than a rounding error in the federal budget. The only cost is the frustration of dealing with a wide group of stakeholders in a multilateral institution that depends on U.S. funding that occasionally provokes the U.S., a topic that barely garners American media attention.

This is hardly a moral debate. Public health is vital to an economy, as our experience with the coronavirus has made painfully obvious. A healthy economy is predicated on a healthy population, whose labor and capital is essential for economic activity. National security and regional stability are, in turn, predicated on healthy economies. Remaining within the WHO is therefore aligned with America’s long-term geopolitical interest. Even if it withdrew, it would likely realize its mistake and rejoin at a later date. Political bluster and election-year campaigning don’t alter these fundamental realities.

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