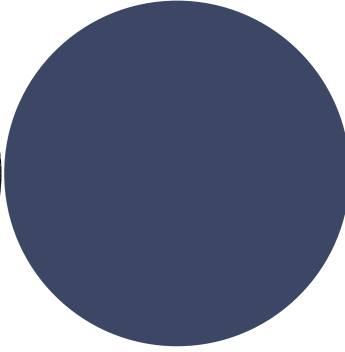
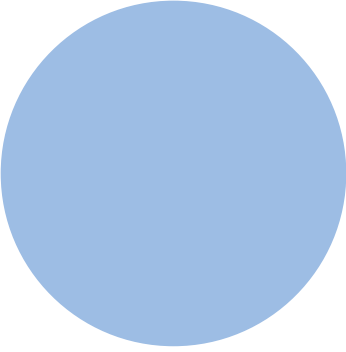
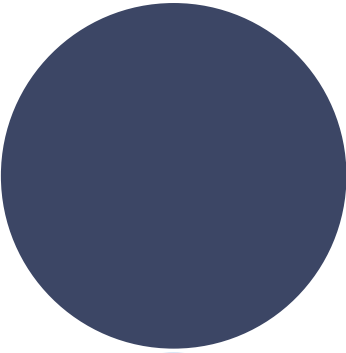
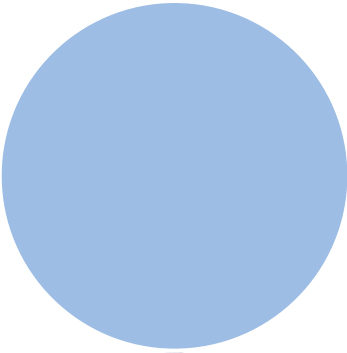
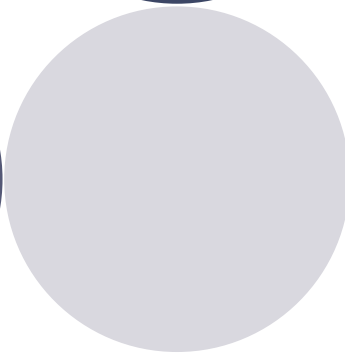
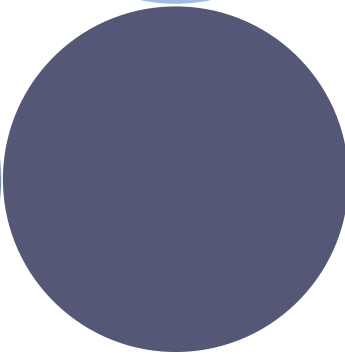
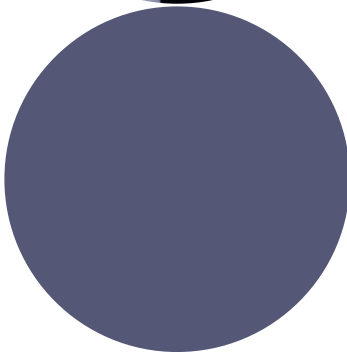
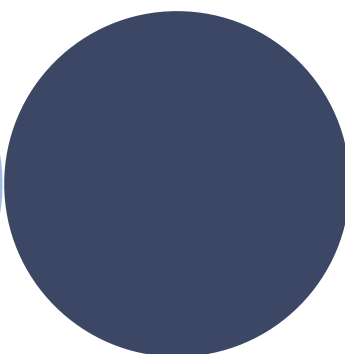
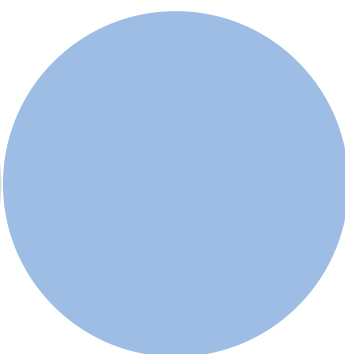
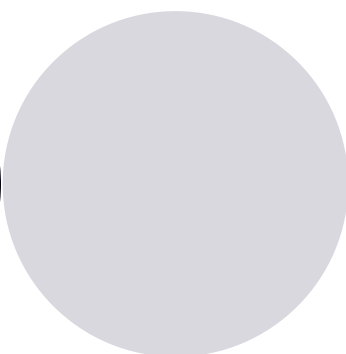


A healthy return

Investment case for a sustainably financed WHO



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A healthy return: investment case for a sustainably financed WHO

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Foreword

The world needs a strengthened, empowered and sustainably financed World Health Organization (WHO), at the centre of the global health architecture. To ensure that our structures, processes, and culture are fit for purpose, WHO has implemented far-reaching reforms over the past five years.

However, even as we work to strengthen WHO, we are undermined by our financial model with its over-dependence on voluntary, mostly earmarked, contributions for more than 80% of our budget. This constrains our ability to deliver the high-quality normative and technical work that Member States expect of us, to recruit and retain the best talent, and to be the independent and authoritative global health leader which the world needs WHO to be.

Between January 2021 and the Seventy-fifth World Health Assembly in May 2022, the Member States' Working Group on Sustainable Finance has been addressing the issue and I am grateful to them for their commitment as they seek a long-term solution to this perennial problem. This includes the possibility of increasing assessed contributions, which accounted for only 16% of our budget in the last biennium. This would broaden the base of WHO's funding and share the funding burden between nations, reflecting their ability to contribute.

This document is a further contribution from the Secretariat to support Member States in their deliberations. In 2018, I launched WHO's first corporate investment case for investing in health,¹ and specifically WHO's Triple Billion targets and the health Sustainable Development Goals. I take no pleasure in noting that the COVID-19 pandemic has reinforced the findings of that document; not only is health a good investment, but it is also an investment that we neglect at our peril.

¹ A healthier humanity: the WHO investment case for 2019–2023. Geneva: World Health Organization; 2018 (WHO/DGO/CRM/18.2; <https://apps.who.int/iris/handle/10665/274710>).



Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

The world needs a strengthened, empowered and sustainably financed WHO, at the centre of the global health architecture. To ensure that our structures, processes, and culture are fit for purpose, WHO has implemented far-reaching reforms over the past five years.

This second iteration of our investment case quantifies the economic returns from investments in WHO itself. Using a rigorous methodology, it calculates the benefits from investing in WHO over the next 10 years and sets that against the cost of fully funding the projected Programme Budget over the same period. The conclusion is clear: investment in WHO will produce a high rate of economic return. For the strongest results, we need a predictable and sustainable financing model.

I understand that many countries face hard fiscal choices stemming from the pandemic. But I also know that the cost of investing in a strong WHO and other domestic and global health institutions pales in comparison with the collective global cost of the pandemic, estimated at US\$ 13.8 trillion through 2024. All the experts' reviews have said it; if we are unable to take this decision for the greater global good now, after all we have experienced over the last two years, then when?

We have a historic opportunity to safeguard and nurture WHO's unique expertise, global mandate, reach and legitimacy for future generations. The question before us is not whether we can afford to transform the financing of WHO. It is whether we are willing to pay the price of not doing so.

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There is no solution to global health security that does not involve a properly funded WHO.

“There is no solution to global health security that does not involve a properly funded WHO. We all want WHO to play its key role in surveillance, in closing the gaps in the surveillance to action loop, in ensuring resilient national health systems, in ensuring a fast-moving global response when a pandemic actually hits, particularly for medical countermeasures. We want WHO to do all these things, but it means we need to fund it adequately and reliably.

Funding WHO goes hand-in-hand with the broader strengthening of multilateral finance for global health security. It is not an “either-or”. It is not about either funding WHO, or strengthening global health security funding generally. They have to hang together.

Each of us, in countries rich, middle income and poor, have it in our financial interests, quite apart from the moral and epidemiological case, to contribute to a stronger multilateral system, with WHO at its centre. The amounts that we each have to pay, to strengthen and empower WHO and to strengthen global health security, will benefit us even from a financial perspective. We pay relatively modest amounts to help avoid the larger continuing costs of a long-drawn COVID pandemic, and to avoid the immense human and economic costs of the next pandemic.”



His Excellency Tharman Shanmugaratnam

Senior Minister of Singapore and Co-Chair of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response

Executive summary

A woman in a white lab coat and blue headwrap is demonstrating hand hygiene to a group of children. She is clapping her hands together, and the children are looking on attentively. The background shows a crowd of people, including a man and a woman, and a green rope hanging across the top of the frame.

RETURN ON INVESTMENT

1:35

According to the new analysis presented here, investing in WHO provides a return of US\$ 35 for every US\$ 1 invested.

WHO needs to be resourced and empowered if it is to play the role the world expects from it.

“Today only four staff in the Country Office are funded through assessed contributions, the most stable and predictable resources for WHO, which have covered less than 5% of the budget for WHO’s Iraq programme across the last three bienniums. That leaves more than 50% of our staff on short-term contracts. Our human resources are the capital we deploy in the service of our mission and yet we are only able to provide staff with contracts based on voluntary contributions which expire along with the grants. WHO needs to be resourced and empowered if it is to play the role the world expects from it.”



Dr Ahmad Zouiten
WHO Representative, Iraq

Long-term problems require long-term solutions – and the financing to sustain them.

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