

**At a crossroads:
The future of the World Health Organization**

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WHO in a Changing Landscape

The world needs a strong, effective WHO. As the directing and coordinating authority for health globally, the organization occupies a central position in the international system, tasked with promoting health cooperation among its Member States, synthesising scientific evidence, and setting norms and standards. Without WHO, the world would be less safe and less healthy.

The WHO now stands at an important moment of reflection. What the world needs from the organisation over the next two decades will look different from what came before. There is both a clear rationale and an opportunity to consider how WHO can best fulfil its central role in the international system for the next generation.

WHO faces some stark choices. Can scientific excellence be prioritised over political accommodation? Can short-term visibility make way for long-term ambition and impact? Can stewardship take precedence over delivery? These are not easy questions for WHO Member States or the senior leadership – politically, financially, or operationally – but they must be answered. The response will either position it for impact over the coming decades or signal a slide into irrelevance. Today, WHO reforms are urgently needed to refocus the organization on its core functions.

WHO's ability to benefit health – nationally, regionally, and globally – greatly depends on its reputation as a trustworthy, unbiased actor driven by scientific evidence.

Calls for reform predate the current financing crisis and were urgently needed before this took hold, driven by important strategic, governance, and managerial challenges faced by the Organization, leading to critical gaps in its technical performance.

However, the volatile funding landscape has created an unprecedented window of opportunity to move from rhetoric to action. The 2027 election of the next Director-General provides an additional entry point to debate different visions for the future of the organization.

These discussions are an integral part of the broader debate on making the international system for health more fit for purpose, which necessitates going beyond cost containment toward true institutional transformation. In parallel, the multilateral system at large is attempting to adapt to tightened resources by undergoing a series of efficiency reforms under the UN80 initiative.

Numerous past attempts have been made to reform WHO – with varying degrees of success. Today the incentives and pressures – politically, financially, and institutionally – are greater than ever, and this creates a unique environment to drive real change in the organization.

Evolving Roles and Functions

The 80-year-old WHO Constitution does not prescribe rigid mandate boundaries (22 functions), there is growing agreement that the current scope of the organization's work extends beyond its desired role for the future. The breadth of WHO's activities has increased in conjunction with the proliferation of actors in the international system for health (GHIs, PDPs, PPPs). This has led to a much more complex and competitive environment, with institutions competing for resources and relevance.

Moreover, the organization's priorities have been heavily influenced by Member States' tightly earmarked contributions which make up the majority of WHO's budget. This has led to duplication of efforts, blurred accountability and misalignment between expectations and available resources. It has also increased tensions between WHO's role as a steward on the one hand, and its involvement as an implementing actor on the other. Overall, many perceive the organization as overstretched, under-resourced, and lacking clarity of direction.

Much of the operational expansion is linked to the World Health Emergencies Programme (WHE), created in 2017 following the West Africa Ebola epidemic. The Programme accounted for 40% of WHO's total expenditure in 2023 (Annex Figure 1). Through the WHE, WHO has played an increasing role in delivering health services and the providing medical supplies. While WHO has a clear mandate to provide support during emergencies, including as the cluster lead for health, many have argued this should be restricted to coordination and technical advisory roles. Other specialised UN agencies and international organisations are seen as better equipped to fulfil operational tasks, except in highly specific situations.

In response to the COVID-19 pandemic, the 73rd World Health Assembly established the Independent Panel for Pandemic Preparedness and Response. The Panel delivered its main report to the 74th World Health Assembly in May 2021. The recommendations underscored the need to strengthen WHO's indispensable leadership role, including through greater financial independence; enhanced authority and independence of the Director-General; improving the governance capacity of the Executive Board; focusing on WHO's normative, convening and coordinating role; resourcing and equipping country offices; and prioritising the quality of staff.

Debates on the WHO's operational role in emergencies are complicated by recent developments and requests from Member States. The Pandemic Agreement – adopted by the WHA in May 2025 – mandates WHO to develop, coordinate and convene a 'Global Supply Chain and Logistics Network' to facilitate equitable, timely,

rapid, safe, and affordable access to pandemic-related health products during a public health emergency of international concern or pandemic-emergency. WHO has also, for many years, been a key partner to the Global Polio Eradication Initiative (GPEI).

Safeguarding WHO's position

Rethinking of WHO's role and functions must be framed within broader questions around what future global health functions are needed, and how the international ecosystem can deliver these in an effective, efficient, and coherent manner.

Subsidiarity is emerging as a foundational principle in these discussions, emphasising that the global system should complement rather than undermine or replicate regional and national mechanisms.

Considering the rapid proliferation of dis- and misinformation, ensuring independence and transparency of WHO's scientific expertise is ever more urgent. The emergence of an increasingly contested knowledge production and synthesis landscape further threatens WHO's legitimacy as the main source of robust and validated scientific advice.

For those who see WHO as an indispensable part of the global health ecosystem, there is a pressing need to engage with and advance these debates – helping to safeguard its legitimacy, credibility, and trusted role and ensuring that it emerges stronger from the ongoing reform processes.

The Functions that WHO Should – and Should Not – Perform

Any reassessment of WHO's role should be anchored in a clarification of functions the organization should safeguard and strengthen, as well as candid articulation of those it should scale back or phase out (Annex Table 1).

Overall, WHO should refocus on its core normative and standard-setting functions; managing cross-border health threats (through surveillance, preparedness and emergency coordination); and on its convening role. The organization should scale back – and in many cases stop – operational support in the form of supplies and hands-on service delivery.

This reorientation is elaborated below, followed by specific reforms required to operationalise it.

The Custodian of Global Norms and Standards

WHO should refocus on its core normative mandate and strengthen the independence and transparency of its scientific and technical expertise. To this end, the organization should continue monitoring technological and scientific

developments, identifying global health priorities and key scientific questions, producing analyses, syntheses and reports, and drawing on those insights to develop recommendations, technical guidelines, norms and standards. To fulfil its role, the organization needs access to leading scientific expertise to review and communicate emerging evidence and ensure the utmost quality of global recommendations. WHO should communicate knowledge gaps and help set research priorities, including on rapidly emerging risks, but it should not conduct research itself. WHO's role as a custodian of health data and analytics also needs to be further strengthened.

All these activities should be performed without political or corporate interference and in a timely manner to ensure WHO remains a credible source of global health data and scientifically backed evidence.

Within the scope of its normative function, WHO should provide advice and technical assistance to all countries and governments. However, it should adjust the way that governments access this advice. In-country WHO expertise is important, but the presence must be strategically tailored to local contexts, with excellence and relevance as foundational principles. Country offices must focus on strengthening national capacities and institutions by contributing international knowledge and facilitating access to new evidence but must not assume the responsibilities of governments.

This will require a clearer framework of country archetypes, for example, fragile and conflict-affected states, countries with emerging institutional capacity, and high-capacity states. Each would carry a distinct operating model. WHO's role in any given country should be reviewed on a regular cycle, ensuring that its presence evolves as national circumstances change. The overarching goal is not permanent partnership, but progression — building the capacities and systems that enable countries to advance along a path toward greater self-sufficiency.

World's Intelligence on Transnational Health Risks

WHO should retain its leadership role and authority in responding to cross-border health threats. In this regard, it should perform a range of key functions, including leading global epidemiological surveillance; providing technical support to strengthen national surveillance capacities and preparedness; operating early warning, verification and notification systems; declaring public health emergencies of international concern and pandemic emergencies; and providing information on public health countermeasures.

This mandate is reinforced by the International Health Regulations and the Pandemic Agreement (pending ratification), both of which are key instruments for which WHO is the custodian.

The Organization should coordinate relevant stakeholders but do so without directly engaging in operational activities, such as supply and delivery, vaccination, or field operations, which are better undertaken by governments, other UN-affiliated organisations, international organisations, or local NGOs. Though essential, efforts to secure common goods, such as pooled procurement and market shaping, should be left in the hands of other entities within the international ecosystem.

In emergency contexts, WHO's role requires strategic refocusing. WHO should avoid duplicating the emergency field operations of other UN agencies and being a financial intermediary (e.g. as a project implementing partner). The operational tasks it currently fulfils should be transitioned to other entities. Only as a last resort should WHO take on delivery functions.

Critically, this should not be misinterpreted as a withdrawal from emergencies. On the contrary, WHO should strengthen its authority, coordination and technical advisory roles in these settings, including as the IASC Cluster Lead Agency for Health. This refocusing will make WHO more effective and efficient – and better positioned to support the wider humanitarian reset that is underway.

The Principal Convenor of the International Health Community

WHO should remain the central forum for political dialogue on future health priorities and agendas. It should convene diverse stakeholders, support coordination of actors across the global health ecosystem, foster collaboration, and engage in partnerships when joint action is required.

The WHO should serve as a space for Member States to engage in debate and proactively affirm its leadership in coordinating international health actors.

Providing a venue for Member States to negotiate treaties, regulations or other legal instruments, as well as to agree on strategies and directions (e.g. by developing roadmaps), is a fundamental function of the Organization.

Nevertheless, on certain issues, convening in fora beyond WHO may be more apt. Examples include facilitating cross-sectoral dialogues relevant to health (e.g. climate, One Health, economy and trade), or enabling meaningful involvement of non-state actors, including civil society. The UN General Assembly is one important complementary arena for garnering broader political support and traction for health as well.

WHO should not compete with the increasingly important regional political and technical bodies. Instead, it should identify where its capacities are genuinely complementary and recognise that these mechanisms have a unique brand and assets. Different levels of maturity of regional bodies imply that WHO must tailor its engagement to regional capacities and needs – leading only where it is uniquely placed to do so.

Six Reforms to Make WHO Ready for the Future

WHO should prioritise the functions described above and undergo fundamental reforms to retain its critical role within the rapidly evolving international system for health. The guiding principles for this should be: WHO's unique comparative advantage, technical excellence, and greater transparency and accountability.

Implementing these reforms and delivering meaningful change depends on effective governance from Member States – through the Executive Board and Assembly – and the Secretariat's leadership. Critically, structural reforms alone will not be sufficient; they must both drive and be driven by a broader shift in organisational culture – addressing longstanding concerns around excessive rigidity, risk-aversion, and defensiveness within the organization.

Recognising that transformation of this scale takes time, they have been sequenced across the next decade. But sequencing should not be an excuse for delay. The foundational choices must be made now while the imperative and opportunity exist.

1. Refocus on the Core Normative, Technical and Scientific Role

WHO should ensure its normative methodologies and processes are transparent and updated in line with emerging science and technologies.

WHO must improve its methodologies and institutional processes for developing recommendations and standards, making them transparent and accessible to both policymakers and the wider public. Scientific credibility is central to WHO's mission, and current processes must be streamlined to reflect this. This includes responsibly harnessing new technologies — including AI — to drive efficiency and rigour.

WHO must strengthen its role as a custodian of health data and analytics and clarify the extent to which other actors can and should take on this function.

Critically, WHO must establish and maintain a clear firewall between its political processes — as exercised through the Executive Board and World Health Assembly (see Reform 2) — and its scientific functions.

2. Strengthen governance for a more efficient and accountable WHO

WHO should return the Executive Board to a truly executive function and increase the independence of the Director-General by instituting a single term.

Governance arrangements must be streamlined. The proliferation of global and regional committee meetings alongside the Executive Board (EB) and WHA has created unnecessary duplication and must be addressed.

The EB in particular needs to be restored to its executive function — operating as a genuine Board of Directors that actively debates and decides within its own meetings, clearly distinct in role from the WHA. Its current format, which has expanded to resemble a mini-Assembly, has compromised its effectiveness.

Finally, WHO should introduce a single, non-renewable term of around seven years for the Director-General and Regional Directors. This would strengthen leadership autonomy, insulate them from political pressure, and enable them to govern with greater authority throughout their tenure.

3. Vastly reduce, and in many cases cease, operational and delivery role

To effectively refocus on its comparative advantage, WHO should discontinue several of its operational functions and redefine its role in health emergencies.

The Organization should limit field operations and consolidate its action around coordination, epidemiological surveillance, and technical support. Elements of the WHE, including procurement, supply and logistics, should be transitioned to other UN agencies and programmes (e.g. logistics to WFP, procurement to UNICEF) which have specific capacity and expertise.

The more operational dimensions of WHO's role in emergencies should be part of a wider review of the international humanitarian system at large ('a humanitarian reset').

Another example is WHO's work on pre-qualification. Here WHO should potentially limit its role to setting the standards and methodology and not de facto performing the reviews and assessments.

4. Enhance WHO's technical excellence and human resource base

WHO should attract and retain top talent across the Organization, hire transparently, including for senior leadership, and enable continuous capacity building among its staff.

WHO must substantially upgrade the quality and relevance of its technical assistance and advice— a core part of its normative mandate alongside setting international guidelines. This requires overhauling HR practices to attract and retain world-class expertise across key disciplines, underpinned by more stringent performance management. Equally important is changing the organisational culture promoting innovation, performance and accepting risk-taking.

To fulfil its role as a central actor for knowledge and best practice, WHO should require international staff to rotate across regions, ensuring expertise flows throughout the Organisation rather than concentrating at the centre. Top-tier staff must be deployed not only at HQ and Regional Offices, but also in country offices (see Reform 3), bringing senior expertise closer to where it is needed most.

All senior appointments — including Assistant Directors-General — must be made through open, competitive recruitment processes. This is essential to building trust and ensuring the calibre of the Organisation's leadership.

5. *Ensure relevance to all governments across the world and right-size country offices*

WHO should tailor country offices to local needs and provide full delegation of authority.

WHO must ensure its Country Offices — the primary providers of high-quality technical support to national governments — are fit for purpose. This means continuously adapting programmes of work to evolving country needs, and critically, redistributing adequate resources from Geneva to the country level to build the skills, knowledge and capacity required to deliver.

WHO must rationalise its internal division of labour across country, regional and global levels. This means eliminating duplication in guideline production and technical support, decentralising technical work to country offices (see Reform 3), and moving towards a single coherent organisational structure by curtailing the quasi-independence of regional offices.

At the same time, WHO should move away from a uniform country presence model. Not all settings require a country office, and WHO must adopt a more strategic, context-sensitive and needs-based approach — deploying flexible office models with heterogeneous expertise and staffing levels calibrated to each setting.

6. **Prioritise financial independence**

WHO should continue the fiscal reforms, moving towards greater assessed contributions and non-earmarked funding, as well as avoiding replenishment models.

WHO's independence as an authoritative agency depends on securing stable, non-earmarked funding. Its current financing structure risks undermining this independence and must be reformed.

WHO should accelerate the shift toward funding drawn exclusively from assessed contributions and negotiated unearmarked voluntary contributions — rejecting replenishment models or resource mobilisation approaches more suited to NGOs. This will take time to fully materialize, requiring sustained commitment over the next decade.

Sustainable and appropriate financing is not an end in itself — it is the foundation for safeguarding the integrity of WHO's work (see Reform 1) and attracting and keeping world-class talent (see Reform 4).

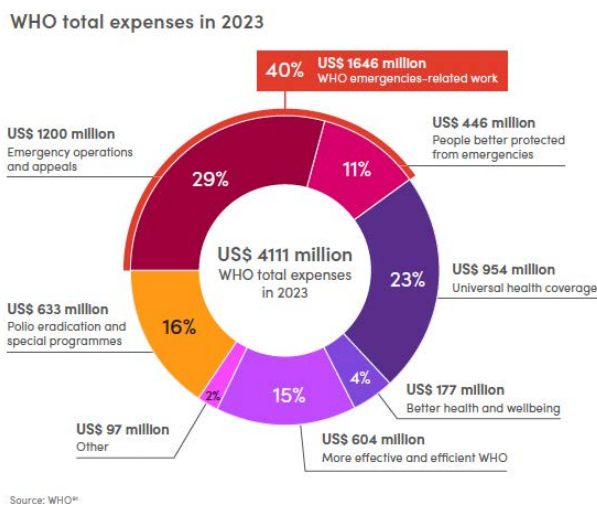
A New WHO – it is Within Reach

If these reforms are implemented, by 2035 WHO will be a fundamentally different organisation. Its scientific authority will be unquestioned, grounded in rigorous, transparent, and politically insulated processes. Governments will engage with WHO not to shape its agenda, but to benefit from its guidance. Its convening function will carry genuine diplomatic weight, underpinned by a legitimacy that is earned rather than assumed. Within a rebalanced global health architecture in which other actors assume primary responsibility for financing, delivery, and implementation WHO will occupy a distinct and irreplaceable role: the custodian of global health norms, the guarantor of cross-border surveillance, and the forum through which governments negotiate the rules that protect populations everywhere.

This is an achievable vision, but it requires political will, sustained investment, and a willingness to make difficult choices. The reforms outlined in this paper provide a roadmap for getting there.

Table 1. WHO's role in delivering global health functions¹

WHO's Function	Strengthen	Avoid
Managing cross-border externalities	<ul style="list-style-type: none"> Global epidemiological surveillance Verification and alert systems Guidance for preparedness and response Coordination of international stakeholders 	<ul style="list-style-type: none"> Operational country-level activities and interventions, including engagement in manufacturing and procurement
Provision of global public goods	<ul style="list-style-type: none"> Credible and transparent reporting of global health data Production of evidence syntheses Development of norms, standards and recommendations Provision of technical assistance to support implementation and strengthen national capacity 	<ul style="list-style-type: none"> Infringing on national mandates (e.g. country-level health surveillance)
Direct country support	<ul style="list-style-type: none"> Technical assistance to national governments Cluster coordination in humanitarian settings 	<ul style="list-style-type: none"> Service-delivery (supplies) Direct financial support to countries Supply chain management and logistics Routine field operations performed by other actors
Leadership and stewardship	<ul style="list-style-type: none"> Positioning as the key platform for global health agenda-setting Coordination of international health work Convening of actors to facilitate collaboration and alignment 	<ul style="list-style-type: none"> Political or corporate interference that undermines independence Delays in exercising leadership and convening power

Figure 1. WHO's expenditure for 2023²

¹ Functions presented here are based on findings from The Lancet Commission on Investing in Health. See: Jamison DT, Summers LH, Alleyne G, Arrow KJ, Berkley S, Binagwaho A, Bustreo F, Evans D, Feachem RG, Frenk J, Ghosh G. Global health 2035: a world converging within a generation. The Lancet. 2013. Dec 7;382(9908):1898-955.

² Clark H, Johnson Sirleaf E. The next pandemic threat could emerge anywhere – It's time to understand the risks and be certain we're ready [Internet]. 2024. Available from: <https://theindependentpanel.org/wp-content/uploads/2024/06/The-Independent-Panel-No-time-to-gamble.pdf>

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