

EDITORIAL



WHO's Next — The United States and the World Health Organization

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Suppose a large forest fire hits California. Millions of acres are burning, and many towns are threatened. The Forest Service firefighters are cutting breaks and dropping water from helicopters. They plan their strategy using weather models that predict which way wind patterns will push the fire. Unfortunately, the models are imperfect. The wind turns in an unexpected direction. As a result, several towns are destroyed, and there are billions of dollars in damage.

What's the proper response to such a disaster? If you were the current U.S. government, you would shut down the Forest Service in the midst of the fire. At least that's what's happening now with the World Health Organization (WHO). On July 7, 2020, the President notified the United Nations that the United States plans to withdraw from the WHO (www.nytimes.com/2020/07/07/us/politics/coronavirus-trump-who.html). The full implications of this decision are not yet clear. The United States is responsible for the largest amount of funding for the WHO, 22% of assessed dues, and provides the largest voluntary contributions — to polio eradication, nutrition, and vaccine programs, for example. Because of the Covid-19 pandemic, measles and polio campaigns have already been suspended in dozens of countries (www.sciencemag.org/news/2020/04/polio-measles-other-diseases-set-surge-covid-19-forces-suspension-vaccination-campaigns), and these delays will be exacerbated by the withdrawal of U.S. financial support.

The WHO and its staff have many roles in global health. They set the standards for case definitions and therapies for common diseases in countries that lack the public health resources

to set their own policies. They provide a global standard for drug approval, helping to ensure drug safety in countries that don't have robust regulatory capacity. They develop guidelines for disease treatment, particularly for illnesses such as malaria and tuberculosis that predominantly affect the developing world. And they help persuade member states to provide adequate nutrition to infants and children and family planning resources to parents. They convene the world's top experts to provide advice to all countries. Their work touches the lives of hundreds of millions. And, of course, this work has important ramifications for the United States as well. As we have clearly seen, infectious diseases don't respect borders. What happens to our neighbors and even to remote countries affects our health as well.

The WHO is not perfect. It is governed by the consensus of 194 member states, which often renders decision-making slow and bureaucratic. In particular, the WHO has not been a highly effective rapid-response organization; its missteps in the 2010 cholera epidemic in Haiti, the 2013–2016 Ebola virus outbreak in West Africa, and the current outbreak of SARS-CoV-2 are clear. The fact is, however, that it relies on information from affected countries, along with invitations from those countries, to investigate outbreaks, and it lacks adequate funding for those investigations.

The WHO serves a role that is a bit of a hybrid of the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, and various other federal health agencies in the United States. It needs the authority and the funding to fulfill that role. There is no question that as the current pandemic recedes, the international

community should reevaluate the priorities and needs of the WHO and should raise the funds needed for more effective responses.

Of course, our own CDC, the world's premiere public health agency, has had its own issues during the Covid-19 pandemic. Funding for the CDC's international programs, and particularly for the CDC office in China, have been severely cut back. Despite the advantage of a long lead time, the United States was inadequately prepared for Covid-19 when it arrived and stumbled through testing and early policy making. And the national response, countrywide, has been inconsistent and often ineffective. At some point there should be a reckoning, an evaluation of why the United States has done so poorly and

who is responsible for the tens of thousands of excess deaths and billions of dollars in additional economic damage that have resulted. But today, in the middle of the outbreak, we must take stock of where we are and how we can do better. To do that effectively, we need the WHO. We must not make the mistake of firing the firefighter in the midst of a fire.

Disclosure forms provided by the authors are available with the full text of this editorial at NEJM.org.

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