

WHO worth fighting for: the case for focused, ambitious reform

Published in the Lancet 29 April 2026

Anders Nordström, John Nkengasong, Peter Piot, Magda Robalo Correia e Silva, Ala Alwan, Ethel L Maciel, Ren Minghui, Michel Kazatchkine

The world needs WHO. This should be an unambiguous and uncontroversial statement. But it is not. There are signals that WHO's perceived value has eroded, and that its central position in the international system for health is under threat. Some critiques of the organization have been politically natured, but that should not inhibit debate over legitimate concerns: WHO's lack of agility, insufficient transparency in key processes and decision making, and the absence of a clear narrative of the indispensable benefit the agency provides to the world.¹ WHO urgently needs reforms or risks a decline into irrelevance.²

The calls for reforms are not new.³ Yet the imperative to act has never been greater and the environment for delivering change rarely more conducive—at a time when the global health ecosystem is shifting.⁴ Discussions about reforms of the international system for health and of the multilateral system at large are active, partly due to the political imperative to navigate the sharp decline in official development assistance.⁵ **The future of WHO must be a central part of the broader reform efforts.**⁶ **This is not a question of technical design, but of political choice**—and it is WHO member states that must make that choice. The build-up to the 2026 World Health Assembly in May 2026, and **the forthcoming election of WHO's next Director -General** in May 2027 are an opportunity to debate the vision for the organisation.⁷

WHO's role and function have evolved in parallel with the overall international system for health. There has been a rapid expansion of actors contributing to health improvements during the 21st century.⁸ But this has led to a far more complex environment, with organizations competing for resources and mandates.⁹ With the proliferation of global and regional actors taking on technical and sometimes normative work, WHO no longer holds a monopoly as the global authority for norms and standard setting in health.¹⁰ Knowledge production is decentralized, with scientific voices competing in real time. Governments increasingly select evidence to suit domestic politics. Complicating matters, misinformation and disinformation about health and science spread at a speed and at scale.¹¹ This situation leads to inaccurate positioning of scientific evidence and skepticism in some quarters towards health-related organizations.

In such an environment, **WHO's continued authority depends on being unimpeachably rigorous, transparent, and politically insulated.** Yet its scientific processes are often opaque.¹² We recognize that WHO is a political institution, and its ability to convene governments, broker agreements, and drive collective action depends on political

legitimacy.¹³ **The challenge is not to remove politics from WHO, but to prevent political bargaining from contaminating scientific judgement.**

Moreover, overreliance on conditional voluntary contributions from member states, other organizations, philanthropies, and the private sector distorts WHO's priorities. An organization tasked with independent authority cannot keep relying on fragmented, earmarked funding.^{14,15} **Institutional independence requires financial independence.** Assessed contributions from member states should be the primary source of WHO's financing; this process has started¹⁶ but should accelerate.

WHO was never meant to be a humanitarian logistics agency. Yet about 40% of its spending flows through the World Health Emergencies Programme.¹⁷ After the 2014–16 outbreak of Ebola virus disease in west Africa and the COVID-19 pandemic, **WHO expanded into procurement, supply chains, and service delivery operations. These functions matter, but they are not WHO's comparative advantage.**¹⁸ With the 2025 Pandemic Agreement WHO now has a mandate to develop and coordinate a global supply chain network.¹⁹ This may sound visionary but risks locking WHO even deeper into operational territory.

This expansion in WHO's role is institutional drift, not strength. WHO cannot be an all-purpose development partner of its member states. When WHO tries to do it all, it duplicates existing capacity, weakens its identity, and invites political backlash when operational realities collide with diplomatic constraints. WHO should coordinate, guide, and hold governments to account when they fail to report outbreaks or respect international rules.

Each level of the organization must have a distinct and defined role. WHO's in country presence must be strategic and centered on high-level technical advisory capacity based on the specific needs of countries. Country level work should not duplicate that of WHO headquarters and regional offices. Equally, the distribution of functions between headquarters and regional offices must be clearly defined: when issues are regional in character, decentralization is appropriate, but it must be matched with resourcing and accountability. **Internal coherence is a prerequisite for external authority.**

WHO is now at a crossroads. We propose three key functions and six structural reforms (panel) to guide the path ahead. These reforms need to be sequenced over time, a recognition that change is not immediate, but that the work must start now.

WHO must strengthen three key functions.

First, norm and standard setting in international health.²⁰ WHO must strengthen its scientific rigor by ensuring its norms, standards, data, and technical guidance are

transparent, timely, and immune to corporate or political pressure. It should responsibly embrace technological innovations, including artificial intelligence.

Second, surveillance and cross border threat management. Declaring public health emergencies, operating early warning systems, and coordinating global epidemiological intelligence are inherently global functions.¹⁵ This calls for investment in global expertise, modern data infrastructure, and real-time analytical capacity. No institution beyond WHO has the mandate to fulfil these functions.

Third, convening. WHO must remain the arena where governments negotiate health rules, debate priorities, and hold each other accountable.¹⁴ Such a political platform is indispensable, but convening power is not possible without institutional credibility.

The greatest barrier to these reforms will be political.² Member states must now find a shared vision and commitment to deliver reform, which needs to be combined with bold leadership from the WHO Secretariat. **The reforms must be accompanied by a cultural shift** addressing inflexibility and defensiveness about change. **The reforms we propose about focus and subtraction are uncomfortable, yet unavoidable.**

The choices are stark. WHO must choose stewardship over delivery. Scientific excellence over political accommodation. Long-term ambition and impact over short-term visibility. Political weight and technical credibility are not opposites—they are mutually reinforcing. A WHO whose science is trusted garners political authority when it matters most. The reforms proposed here are designed to rebuild that connection, not sever it.

But do governments want a strong, authoritative WHO that is capable of telling them uncomfortable truths? Or do they prefer a sprawling, financially dependent agency that manages projects but avoids confrontation? **A more fit for purpose WHO will not emerge by inertia.** WHO's leadership, especially the Director-General, are hugely influential in shaping the organization's direction. However, ultimate responsibility rests with the member states, through the demands they place on WHO and the resources they provide.

In 2035, we believe a reformed WHO would be leaner and more focused, recognized by governments not as an organization to be influenced or managed, but as an indispensable authority to turn to. After such reform WHO's scientific guidance will be trusted precisely because it is independent. Its convening power will carry weight because its legitimacy is unquestioned. In a rebalanced global health ecosystem where others deliver, fund, and implement, **WHO could do what only WHO can: set the rules, sound the alarm, and bridge the divides.**

That is an organization worth fighting for. A failure to build it would be a geopolitical failure.

Panel: Six reforms to make WHO ready for the future

1 Refocus on core normative and scientific role

WHO must **prioritise its core functions in setting standards, developing guidance, and providing scientific leadership**. This requires transparent and updated methodologies aligned with emerging science and technologies, including responsible use of AI. WHO must reassert its role in health data and analytics while maintaining a clear separation between political processes and scientific work. WHO should help to set research priorities and norms but should not conduct research itself.

2 Make governance more effective

Governance structures should be streamlined, with **the Executive Board restored to a true executive function**. The Framework of Collaboration with Non- State Actors (FENSA) should be reviewed.

Introducing a single non-renewable term of around 7 years for the WHO Director-General and Regional Directors would enhance leadership independence and reduce political pressure.

3 Reduce operational and delivery functions

WHO should **scale back operational roles**, particularly in emergencies. Functions such as logistics and procurement should transition to agencies better suited for delivery roles, such as WFP and UNICEF. This should not be misinterpreted as a withdrawal from the emergency context. It is a strategic refocusing to further strengthen WHO's authority, coordination, surveillance, and technical support. WHO should also reconsider operational tasks, focusing instead on standards setting and methodology.

4 Strengthen technical excellence and workforce

WHO must improve technical capacity by attracting and retaining top talent through transparent recruitment and stronger performance management. **Staff rotation across headquarters and regions** should be expanded to distribute expertise more effectively, and senior staff should be deployed closer to country level needs. **Open and competitive recruitment for senior leadership** is essential to building credibility and trust.

5 Improve country-level relevance

WHO should **tailor country offices to local needs and decentralize authority and resources**. Country archetypes should be clearly articulated, such as fragile states, emerging capacity, and high capacity. WHO's role in each country should be tailored and regularly reviewed. The goal is to build capacity and systems enabling countries to progress along a path towards self-sufficiency.

6 Prioritize financial independence

WHO should **continue increasing assessed contributions and move towards only non-earmarked negotiated voluntary contributions** to safeguard independence. Stable financing is essential for maintaining scientific integrity and attracting world-class expertise, while avoiding funding models more suited to non-governmental organizations. This will take time to fully materialize but must start now.

** (AN); Stockholm School of Economics, Stockholm, Sweden (AN); Mastercard Foundation, Toronto, ON, Canada (JN); London School of Hygiene & Tropical Medicine, London, UK (PP); Institute for Global Health and Development, Bissau, Guinea-Bissau (MRCeS); University of Oxford, Oxford, UK (AA); Universidade Federal do Espírito Santo, Vitória, Brazil (ELM); Department of Global Health School of Public Health, Peking University, Beijing, China (RM); Graduate Institute, Geneva, Switzerland (MK)*

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