HOUSE OF LORDS
Committee Office

House of Lords
London
SW1A 0PW

Tel: 020 7219 7411
hlintlrelations@parliament.uk
www.parliament.uk/lords

Wendy Morton MP
Parliamentary Under Secretary of State
Minister for European Neighbourhood and the Americas
Foreign and Commonwealth Office and the Department
for International Development

Jo Churchill MP
Parliamentary Under Secretary of State
Minister for Prevention, Public Health and Primary Care
Department for Health and Social Care

29 July 2020

Dear Wendy and Jo,

The International Relations and Defence Committee supports the role of the World Health Organisation as an agency of the United Nations, and an important part of the rules based international order. It undertakes valuable work across a very broad remit, including improving access to universal health coverage, providing people with better health and well-being, in particular its important polio vaccination programmes and work to eradicate malaria, and protecting people from health emergencies.

In the context of the increased attention on the organisation as a result of the COVID-19 pandemic, the US Administration's announcement that it will withdraw from the organisation, and tensions between members states, the Committee undertook a short inquiry to consider these issues, and how the UK could strengthen its role in the WHO and broader involvement in the global health security system.

We held two evidence sessions on 17 July. This letter summarises the key points made to us by our expert witnesses and the Committee's views on the UK's role in the WHO, and raises some questions for your response. It also reflects on the conclusions and recommendations of the 2008 report of the House of Lords Select Committee on Intergovernmental Organisations, *Diseases know no frontiers: How effective are intergovernmental organisations in controlling their spread?*[1]

The Committee is grateful to the five witnesses who gave their time to speak to us: Professor Sophie Harman, Professor of International Politics, Queen Mary University of London; Dr Brian McCloskey CBE, Senior Consulting Fellow, Chatham House; Professor Devi Sridhar, Chair of Global Public Health, University of Edinburgh; Professor David Heymann CBE, Professor of Infectious Disease Epidemiology, London School of Hygiene and Tropical

[1] House of Lords Select Committee on Intergovernmental Organisations, *Diseases Know no Frontiers: How Effective are Intergovernmental Organisations in Controlling their Spread?* (1st Report, Session 2007-08)

Medicine; and OB Sisay OBE, Senior COVID-19 Adviser and Country Director for The Gambia, Tony Blair Institute for Global Change.[2]

The WHO's role and powers

Our witnesses all emphasised the importance of the WHO as a body to co-ordinate on issues of global public health. Professor Sridhar said that it had three roles: legal (including mandatory reporting by members states through the International Health Regulations), technical, and convening. She emphasised that "it is not a watchdog or enforcer. … That is just not its role."[3] Dr McCloskey said that it "does not really have any powers. It is an advisory body, but it does not have a means to ensure that the member states follow the advice that it gives."[4]

Our witnesses noted that the WHO is "as strong, or as weak, as its member states let it be".[5] Professor Heymann said that it did "quite a good job … in setting norms and standards, and in using the few tools it has—the resolutions, regulations and treaty powers".[6] OB Sisay said that if the WHO did not exist, it would have to be invented.[7]

Our witnesses were positive in their assessment of WHO's response to the COVID-19 pandemic. Dr McCloskey said that it had been "extremely transparent … throughout this pandemic, by putting on the record … where it has changed its mind and where it has reviewed evidence". In a "very charged political environment", which was inevitable in a major pandemic, there was always a balance to be struck "between complete transparency and a degree of diplomacy".[8] They said that lessons had been learned by the WHO from previous pandemics including SARs and Ebola, although Dr McCloskey noted that there was "still more to do".[9]

Professor Harman said that the review by Helen Clark and Ellen Johnson Sirleaf of the WHO's COVID-19 response would shed further light on its operation during the crisis.[10]

Our witnesses did not think that expanding the powers of the WHO to, for example, travel or trade bans, would be helpful.[11] OB Sisay suggested that giving the WHO the power to inspect suspected disease outbreaks, a power it does not currently have, could make it more effective.[12]

The scale of the COVID-19 pandemic poses clear risks to the delivery of the broader role of the WHO, such as its valuable immunisation programmes and support for the extension of universal healthcare coverage. It is important that the WHO's existing work is able to continue, and is appropriately funded.

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[2] Transcripts of oral evidence on the World Health Organisation, 17 July 2020: https://committees.parliament.uk/oralevidence/727/html/ and https://committees.parliament.uk/oralevidence/728/html/
[3] Q 12
[4] Q 1
[5] Q 12 (OB Sisay)
[6] Q 12
[7] Q 12
[8] Q 5
[9] Q 4 (Professor Harman and Dr McCloskey)
[10] Q 5
[11] Q 12 (OB Sisay) and Q 10 (Professor Harman)
[12] Q 12 (OB Sisay)

We believe that urgent consideration needs to be given to ways of ensuring that the WHO gets direct and timely access to any epidemiological information relating to new disease outbreaks, as was not the case in the recent outbreak in China.

The withdrawal of the United States from the WHO

We were told that US withdrawal from the World Health Organisation could undermine global health security.[13] The previous US Administration had been the key driver in establishing the global health security agenda, which was strongly supported by the UK.[14] Our witnesses were concerned at the possibility that the US withdrawal could set off a "domino effect" of further withdrawals. Professor Harman said some countries might want to blame their own inadequate response to the pandemic on the WHO.[15]

The withdrawal of the US would have significant financial impact on the organisation, although our witnesses said that other countries, including the UK, could fill this gap if they wished to.[16] Its contribution, updated until the second quarter of 2020 is $580 million, with $236.9 million in assessed contributions and $343.1 million in voluntary contributions.[17] Professor Sridhar noted that, for the next year, there would be a "buffer period", where "the current status and programming would remain".[18]

US support to the WHO is not limited to funding. Professor Heymann said that the US provides support through collaborating with laboratories in the US and secondments to the secretariat in the regional offices. It also provides experts to many of the advisory groups throughout the WHO.[19]

Other witnesses said that the implications of US withdrawal remained unclear. Dr McCloskey said it was not known whether the US Centers for Disease Control and Prevention (CDC) will withdraw from cooperation with the WHO, which would "probably have a bigger impact than the loss of funding". This would create a significant technical gap.[20]

Professor Sridhar said that much depended on the result of the November presidential election in the US. The Democratic candidate, Joe Biden, has said that the US will be part of the WHO if he wins. Professor Sridhar also noted that congressional committees and checks and balances within the US system could mean that the US would not leave the WHO.[21]

On the basis of what we heard from the witnesses, we do not consider that the reasons given by the US Administration for notifying their withdrawal from the

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[13] Q 8 President Trump has said that "China has total control over the World Health Organization", that "because [the WHO has] failed to make the requested and greatly needed reforms, we will be … terminating our relationship". WhiteHouse.gov, 'Remarks by President Trump on Actions Against China' (30 May 2020): https://www.whitehouse.gov/briefings-statements/remarks-president-trump-actions-china/
[14] Q 8
[15] Q 8 (Professor Harman)
[16] Q 8 (Dr McCloskey), Q 19 (OB Sisay and Professor Heymann)
[17] WHO, 'Contributors': http://open.who.int/2020-21/contributors/contributor?name=United%20States%20of%20America
[18] Q 19
[19] Q 19
[20] Q 8
[21] Q 19

WHO were justified And we express the hope that that notification will not be implemented.

Funding

Our witnesses said that the WHO's budget is extremely limited, noting that it is smaller than that of a major hospital or the New York Police Department.[22] The WHO's Programme Budget is financed through a mix of assessed and voluntary contributions, dues that countries pay to be a member of the organisation (calculated relative to the country's wealth and population), and additional (voluntary) funds provided by state and non-state contributors. The assessed contributions have declined as an overall percentage of the WHO's Programme Budget to less than a quarter.[23] Our witnesses estimated that the assessed contributions amount to approximately 20% and voluntary contributions to 80%,[24] with the US, the UK and the Gates Foundation identified as the most significant voluntary contributors.[25]

We are concerned about the sustainability of the current funding model and its implications for the WHO's resilience. Professor Heymann described it as "a real dilemma".[26] The WHO does not have full control over the way its budget is spent: OB Sisay said that voluntary contributions allow donors to decide where these funds are allocated, with the WHO only having full control of its core budget based on assessed contributions.[27] This lack of guaranteed sustainable funding at the right level over a long period can limit the organisation's ability to react and respond to global health challenges. Professor Harman said that "no institution can plan strategically without being able to predict the type of income that it will have". She said that the result of voluntary contributions was "a distortion in health priorities towards big projects", such as the Health Emergencies Programme, polio and malaria projects. This came at the expense of work to strengthen health systems and primary healthcare".[28]

Philanthropic donations provide helpful additional funding, but Professor Harman said that such contributions raised "wider questions of accountability, transparency and the legitimacy of that organisation when it funds so people who cannot then hold it to account".[29]

Our witnesses suggested that there is a need to consider reform to the funding model, to allow the WHO to know that it will have the necessary funding when needed, and that it will be able to reallocate funds to other priorities, such as chronic diseases, after an emergency is over.[30] Dr McCloskey suggested the introduction of a contingency arrangement, "which should not be a voluntary contribution but one which the WHO can assess and rely on and know it will be there when it is needed".[31]

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[22] Q 12 (Professor Sridhar) and Q17 (OB Sisay)
[23] WHO, 'Assessed contributions': https://www.who.int/about/finances-accountability/funding/assessed-contributions/en/#:~:text=Vacancies-,Assessed%20contributions,the%20country's%20wealth%20and%20population.
[24] Q 17
[25] Q 17
[26] Q 10
[27] Q 17
[28] Q 6
[29] Q 6
[30] Q 6
[31] Q 6

Professor Sridhar identified two potential challenges for voluntary funding in the future: whether donors will have the same amounts of money, as the economic impacts of the COVID-19 crisis are felt, and whether they will decide to spend it at the WHO or instead at other international institutions, such as the Global Fund, GAVI or the World Bank.[32]

We found the case for shifting the overall balance between assessed and voluntary contributions a compelling one, and we hope the government will consider lending it its support.

The significant level of funding from philanthropic organisations and other non-state contributors to the WHO, which exceeds the financial contributions from member states, has implications for governance and accountability in the WHO.

Animal health and antimicrobial resistance

We heard that there are over 1.7 million viruses circulating in the animal kingdom, and, at any point, one of these could spill-over and become a pandemic-like event.[33]

Professor Heymann suggested that there is a case for greater co-ordination between the WHO and the World Organisation for Animal Health (OIE). We heard that work is being undertaken to extend the existing tripartite agreement between the Food and Agriculture Organisation (FAO), the WHO and the OIE to the UN Environment Programme, as a fourth partner. Professor Sridhar said that this partnership should have clear objectives around reducing spill-over events for diseases between animal and humans, and identifying activities which pose a risk, including deforestation, wet markets, increased frequency of contact between humans and animals, and urbanisation.[34]

We heard from Professor Sridhar that the governance, financing, and the mandate of the future quadripartite agreement are crucial to ensure that it is effective, and that a rival body is not created that competes with existing bodies for money and authority.[35]

We were also told by Professor Harman that that there should be a greater focus on the One Health movement, which looks at the origins of disease in the context of both animal health and the environment in particular regarding antimicrobial resistance (AMR).[36]

We note that almost every recent epidemic or pandemic has resulted from a transfer of infection between animals and humans. We therefore do not think that enough is being done to avoid and prevent such transfers. We believe that urgent consideration should be given to strengthening the coordination and joint working of the international organisations concerned.

The United Kingdom's role and engagement

All our witnesses underlined the important role played by the United Kingdom in the WHO.

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[32] Q 17
[33] Q 14 (Professor Sridhar)
[34] Q 14
[35] Q 14
[36] Q 3

First, it is a major funder: it was the second top donor for the 2018-2019 programme budget, donating a total of US$ 404 million (including projections), and for the 2018-2019 period the UK donated US$ 52.2 million to WHO's Core Voluntary Contribution Account, making the UK "the top flexible contributor in 2018/19".[37] In 2020-21 the UK is set to donate $629.9 million, with $49 million in core assessed funding, $294 million in voluntary funding, and $286.5 million in projected funding.[38] Professor Harman said this contribution was "pretty significant".[39] We also welcome the UK's donation of almost £110m towards the global response to COVID-19.[40]

Second, Professor Harman said the UK had "leadership within the secretariat and the executive board".[41]

Third, we heard from Professor Heymann that countries welcome collaboration with the UK on global health challenges because "it is a collaboration which in many ways listens to what is going on and provides support where it is asked to provide support".[42] The UK has one of the leading COVID-19 vaccine candidates, and as Professor Sridhar noted, the Government committed to make this accessible globally if it is successful.[43]

Fourth, Professor Harman said that the UK was seen as a vital member of the epistemic global health community, with leading health institutions from philanthropy (such as the Wellcome Trust) and rigorous research conducted at global universities.[44]

Fifth, Dr McCloskey said that the UK acted as "a critical friend … pushing and driving for reform in the WHO where … needed". He gave the example of UK work to promote the development of the tool to evaluate the International Health Regulations capacity.[45]

Professor Harman said the UK had available technical expertise from Public Health England and "the UK's strong epistemic global health community".[46] For example, Dr McCloskey said that although Public Health England (PHE) is one-tenth the size of the US CDC, it has the same capability, if not the same capacity.[47] There was an opportunity for the UK to use the expertise and resources of PHE, including to replace some of what would be lost by the withdrawal of the US if that comes to pass.

Our witnesses commented on the planned merger of the Foreign and Commonwealth Office (FCO) and the Department of International Development (DfID). Professor Harman identified two concerns. First, we were told that DfID had played a significant role in strengthening health systems and surveillance capacities in low and middle-income countries. DfID's

[37] WHO, 'United Kingdom—Partner in global health': https://www.who.int/about/planning-finance-and-accountability/financing-campaign/uk-impact
[38] WHO, 'Funding by contributor': http://open.who.int/2020-21/contributors/contributor?name=United%20Kingdom%20of%20Great%20Britain%20and%20Northern%20Ireland
[39] Q 9
[40] Q 20
[41] Q 9
[42] Q 20
[43] Q 20
[44] Q 9
[45] Q 9
[46] Q 9
[47] Q 8

understanding that the state of global health security depends on "the weakest link in the chain" was valuable, and she said it was not clear whether the FCO shared this approach. Secondly, there is a concern that the UK's aid spending would "shift away from public health actors to more Ministry of Defence actors—military services".[48]

Our witnesses asked the question of what the approach of the new Department to the UK aid budget will be. They underlined the importance of maintaining the UK's commitment to spend 0.7% of GNI on aid.[49]

The Committee welcomes the UK's active and constructive engagement with the WHO, and the significant level of funding the UK provides to the organisation. We believe that, regardless of whether the US leaves the WHO, there is room for the UK to strengthen its role within the organisation, both financially and technically.

The Committee is concerned that many of the challenges raised by our witnesses match the observations made by the House of Lords Select Committee on Intergovernmental Organisations in 2008. In its response to the report, the then Government promised to take action on many of these issues,[50] and we conclude that the progress made since then has been insufficient.

We would be grateful if you would provide answers to the following questions in writing:

1. What are the priorities of the Government for the work and role of the World Health Organisation for the next 5-10 years?

2. The UK has committed to contribute $629.9 million to the WHO in 2020/21. What will the UK's projected allocations be spent on?

3. What are the UK's criteria for the provision of voluntary funding?

4. What submissions will the UK be making to the review of the WHO's COVID-19 response led by Helen Clark and Ellen Johnson Sirleaf? What are the Government's objectives, as a member state and major financial contributor, for this review?

5. What is the Government's assessment of the current funding model of the World Health Organisation? Are there changes or improvements Ministers would like to see to the formula for WHO funding, especially in relation assessed and voluntary contributions? What plans does the Government have to raise these issues in the World Health Assembly?

6. What is your assessment of the implications of the current funding model for influence over the WHO? To what extent does the significant funding from philanthropic organisations and other non-state contributors, which exceed financial contributions

[48] Q 9
[49] Q 9 (Professor Harman)
[50] Government response to the House of Lords Select Committee on Intergovernmental Organisations report *Diseases know no frontiers: How effective are intergovernmental organisations in controlling their spread?* October 2008: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/238696/7475.pdf

from member states, provide them with influence over the WHO? What are the implications of this for governance and accountability in the WHO?

7. How does the UK engage with smaller countries on the work of the WHO and its direction, in the context of the current funding model?

8. What is the Government's assessment of the adequacy of the WHO's powers to investigate suspected disease outbreaks? What consideration has the Government given to proposing the development of an additional protocol for member states to sign up to, which would enable the WHO to investigate outbreaks when identified?

9. As a supporter of the WHO, and the wider rules based international order, what discussions is the Government holding with the US Administration over its decision to leave the WHO, the value of the organisation, and the implications of this decision for global health security?

10. In the context of the US's planned withdrawal, is the UK willing to provide more funding to the WHO?

11. What is the Government's assessment of the role played by China in the WHO?

12. The then Government's response to the 2007/08 House of Lords Select Committee on Intergovernmental Organisations report 'Diseases Know no Frontiers: How Effective are Intergovernmental Organisations in Controlling their Spread', said that "the WHO and the OIE international surveillance systems for human and animal health provide a sound basis for surveillance" but that "there is scope for these systems to be strengthened". What work has been done since then? What is the Government's assessment of the adequacy of current arrangements for the WHO, the OIE and the FAO to work together?

13. Would the Government support putting the health risks associated with wet markets and the trade and sale of wild animals on the agenda for the World Health Assembly?

14. What impact will the merger of the FCO and DfID have on the UK's the funding for global health initiatives? We seek your assurances that the Government remains committed to preserving the UK's valuable contribution to global public health, particularly in developing countries.

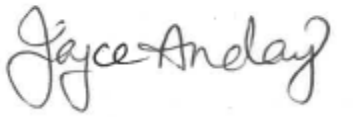
15. Will the £2.9 billion package of reductions in the Government's planned ODA spend, notified in the Foreign Secretary's letter of 22 July, have an impact on UK funding for the WHO?

16. What is the Government doing to ensure that developing countries have access to any future COVID-19 vaccine? How is it working with the WHO on this agenda?

17. What weight does the UK give to recommendations from the WHO? How are these assessed and built into the UK's public health responses? For example, during the current pandemic, the WHO made recommendations on the safety of one metre for social distancing and the introduction of testing and tracing.

In conclusion, we have summarised our specific recommendations for government action in the emboldened text above, and look forward to your response to our questions.

Yours as ever,



Baroness Anelay of St Johns
Chair, International Relations and Defence Committee