

# The United States and the World Health Organization

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**Editor's note:** *Passport* would like to thank editorial advisory board member Kelly McFarland for arranging with Dr. Brown to write this timely essay. **AJ**

A little more than two months ago, U.S. President Donald Trump began to lash out at the World Health Organization, blaming it for what he claimed were missteps, failures, and prevarications in its handling of the coronavirus pandemic.<sup>1</sup> Then, on April 14, after several days of threats, he announced that U.S. funding for the WHO would be frozen for sixty to ninety days while his administration conducted a review to “assess the World Health Organization’s role in severely mismanaging and covering up the spread of coronavirus.”

Widely seen as a transparent attempt to deflect attention from his own inconsistent, incompetent, and irresponsible response to the crisis, Trump’s threatened withdrawal of funds from the WHO at a critical moment drew widespread condemnation from medical and public health leaders. Richard Horton, the editor-in-chief of *Lancet*, called Trump’s decision a “crime against humanity.”<sup>2</sup> Dr. Georges Benjamin, the executive director of the American Public Health Association, “denounced” the Trump administration’s decision to halt U.S. contributions to the WHO, which, he said, would “cripple the world’s response to COVID-19 and would harm the health and lives of thousands of Americans.”<sup>3</sup>

However outrageous and dangerous President Trump’s freezing of WHO funds may be, it is by no means the first time that the United States has used its political muscle and the power of the purse to threaten and coerce the WHO. In fact, the United States has bribed and bullied the WHO from the earliest days of the organization until the present. The very notion of an international health organization was, in fact, an American idea, part of its blueprint for the post-World War II capitalist world—a world stabilized by a set of multilateral institutions that facilitated technical cooperation and the hegemony of the United States.<sup>4</sup>

The United States held the purse strings of the WHO, initially contributing more than 35 percent of the multilateral health organization’s budget. The U.S. State Department made sure to insert loyalists to American foreign policy priorities in key positions, as when it insisted on the appointment of Martha May Eliot as one of the first three assistant directors general. The United States also threw its weight on the side of a regional as opposed to a tightly centralized style of organization, because it wanted to preserve its influence over public health in the Americas via the Pan American Health Organization, which became the American Regional Office of the WHO. Then all of the WHO was forced to follow suit, creating, as some have said, not one WHO but seven.

The United States also insisted on the early launching of a naively ambitious WHO Malaria Eradication Program despite the hesitancy of some of the world’s leading

malariologists. It did so because the State Department saw malaria eradication as an effective Cold War strategy and realized that by providing funds to the new multilateral health organization it could gain legitimacy and at the same time leverage its funds, multiplying the impact of its fiscal contribution.

The United States’ aggressive tactics in using the WHO as “its” international health agency was one of the reasons the Soviet Union and its allies withdrew from the supposedly multilateral organization in 1949. When the USSR returned in 1956 and again attended the WHO’s governing body, the World Health Assembly, in 1958, it proposed a new eradication program aimed at smallpox. The program was approved by the WHA, but the United States was unenthusiastic, because it had major resources tied up in malaria eradication.

Thus, budgetary support for smallpox was meager, and the program languished until the United States decided in the mid-sixties that smallpox eradication could serve its foreign policy objectives. Then the WHO very quickly came around, declared a major new initiative in the worldwide Smallpox Eradication Program (SEP), and worked out a deal that would combine U.S. and Soviet resources and personnel under American leadership and with the major involvement of the rapidly rising American public health agency, the Centers for Disease Control (CDC). Smallpox eradication proved a great public health and geopolitical success, but even as the WHO was celebrating its global triumph in 1980, it was again feeling the heavy hand of the United States.

Concurrent with the final stages of the SEP was another heralded initiative of the WHO, the campaign for health equity and primary care, crystallized in the Alma Ata Declaration of 1978. This call for the just distribution of health both between and within countries in order to achieve “Health for All by 2000” was the articulation of a long-sought social medicine ideal and an expression of the voice of the developing world. That voice was also expressed through the “New International Economic Order” endorsed by the UN General Assembly in 1974; and in the WHO it was channeled through Halfdan Mahler, “Nordic socialist” and charismatic director general from 1973 to 1988.

Mahler and many of those at Alma Ata (in Kazakhstan) prized the affirmation of the declaration as a “spiritual moment,” perhaps the most hallowed in the WHO’s history. But the United States saw it as a clear sign that it and other developed nations had lost control of the World Health Assembly, which was now numerically dominated by representatives of countries from the Global South. These countries were often former colonies that had achieved independence and now occupied the world stage as “developing nations” that were demanding reparations-like economic assistance and morally justified access to services and technological aid. The United States’

assessment of shifted political realities was also reflected in its anger about the World Health Assembly's decision in 1977 to create a list of "Essential Medicines," defined as those to which all people should have access at all times in sufficient quantities and at generally affordable prices.

The United States' response to what it saw as the WHO's frightening turn in the seventies came first in a small meeting in Bellagio, Italy, attended by representatives of the wealthy Ford and Rockefeller Foundations, the American-dominated World Bank, and the United States Agency for International Development (USAID), an arm of the U.S. government responsible for administering civilian foreign aid and development assistance. The outcome of this meeting was a plan for "Selective Primary Care" as an alternative to the multi-sectoral and politically empowering approach of Primary Health Care adopted at Alma Ata.

With Ronald Reagan's election as president in 1980 and his administration's hostility to both governmental and intergovernmental authority, the U.S. budgetary commitment to multilateral organizations like the United Nations and the WHO very quickly diminished in the eighties. As a result of pressure from the United States (and other industrialized countries), the World Health Assembly froze the WHO budget, and in 1985 the United States refused to pay its assessed dues on the grounds that the latest version of the Essential Medicines list was contrary to the interests of U.S. pharmaceutical companies. The United States' actions led immediately to a massive fiscal crisis at the WHO, and this crisis in turn led to a dramatic tailspin in the organization that many feared would be a death spiral.

What saved the WHO financially was a shift to "extrabudgetary" or "voluntary" contributions as opposed to continuing primary reliance on assessed dues that made up the "regular" budget. The regular budget was approved by votes in the World Health Assembly, but the "voluntary" budget was utilized largely according to donors' wishes. The shift to extrabudgetary programs also provided an open opportunity for the World Bank, which was controlled by America and by the 1980s under the sway of "neoliberal" ideology that devalued national and multilateral authority, to exercise wide influence in international health initiatives once considered the WHO's domain.

The bank was not initially focused on health, but its interest grew significantly during the presidency of Robert McNamara, former U.S. secretary of defense and bank president from 1968 to 1981.<sup>5</sup> McNamara was first drawn to health issues through his concern with population control, but then, with some pressure from President Jimmy Carter, he turned his attention to nutrition and disease control. By 1979, the bank had tackled onchocerciasis ("river blindness") in Africa, established a Population Health and Nutrition (PHN) Program, and allowed stand-alone health loans. In its 1980 World Development Report, the bank argued that under special conditions and with World Bank assistance, both malnutrition and ill health could be countered by direct government action.

In the 1980s the bank began extending nutrition loans, and in 1981 it offered a loan to Tunisia to expand its basic health services. In 1987, under the presidency of former U.S. Congressman Barber Conable, the bank published a study on *Financing Health Services in Developing Countries*, and by 1990 its loans for health totaled USD 263 million, which surpassed the WHO's total budget.<sup>6</sup> In 1993, under the presidency of former J.P. Morgan executive Lewis T. Preston, the bank published its first World Development Report entirely devoted to health, which the *Lancet* claimed marked a shift in leadership in international health. In 1995, the bank appointed Richard Feachem, dean of the London School of Hygiene and Tropical Medicine, as head of PHN, and by 1996 the bank held a USD 8 billion portfolio of health programs, making it the world's single largest financier of international health activities.

Not long after the World Bank ascended into global health leadership, it began to play a major role in facilitating the creation of new institutional entities and alliances that in various ways crowded and confused the international health landscape and further challenged the WHO's authority and standing. Three of the most notable of these were *Roll Back Malaria* (RBM, 1998), the *Global Alliance for Vaccines and Immunization* (GAVI, 1999), and the *Global Fund to Fight AIDS, Tuberculosis, and Malaria* (Global Fund, 2002).

RBM began with a broad multi-factoral agenda but soon narrowed its focus to DDT spraying to kill mosquito larvae and the distribution (initially the sale of) insecticide-treated bed nets.<sup>7</sup> GAVI's goal was to work with scientists and pharmaceutical companies to stimulate the development of new vaccines and bring them to market at reasonable prices. In the process, however, and like RBM in its anti-malaria initiatives, GAVI seriously undermined the WHO's role in the world's immunization efforts. The Global Fund raised enormous sums of money but it too forced the WHO to accept a very much diminished role as a junior partner as the price of survival in the new global health order.

In each case, the World Bank was a major player; and in the case of the Global Fund, it served the role of trustee while Richard Feachem, former director of the bank's PHN program, served as the Global Fund's executive director from 2002 to 2007.<sup>8</sup> In GAVI and the Global Fund, the American-controlled World Bank's efforts were substantially supported by the newly created and massively funded Gates Foundation, started and controlled by American software-billionaire-turned-philanthropist Bill Gates.

WHO-diminishing initiatives also came directly from the U.S. government, which supported RBM, GAVI, and especially the Global Fund. In fact, in the latter case the U.S. Congress voted substantial budgetary support, and President George W. Bush's secretary of Health and Human Services, Tommy Thompson, served as chair of the Global Fund board. But in 2003 the Bush administration went beyond support for the Global Fund with the creation of the President's Emergency Plan for AIDS Relief (PEPFAR), which committed USD 15 billion in bilateral aid to be spent over the next five years in fifteen selected countries, twelve of them "focus" countries in sub-Saharan Africa. Not only did the amount of money overwhelm anything that the WHO could possibly accomplish by itself with HIV/AIDS prevention and treatment in those countries, but it also cast a shadow on the work of the Global Fund, in which the WHO had at least a nominal role.<sup>9</sup>

To make matters even more difficult for the WHO, PEPFAR came with stipulations important to the Bush administration and its political base that directly undermined several of the WHO's long-term HIV/AIDS priorities. First, PEPFAR steered away from generic medications that the WHO had come around to supporting strongly for developing countries, and it clearly signaled its rejection of the generic campaign by appointing Randall Tobias, former CEO of the American pharmaceutical giant Eli Lilly and Company, as U.S. global AIDS coordinator. Second, the Bush administration stipulated that at least one-third of PEPFAR's prevention funds should be directed toward ineffective abstinence-based programs that required all participants to sign an oath against engagement in "prostitution," which undermined the WHO's careful harm reduction work with sex workers.

Both of these stipulations directly undermined the WHO's long-term and far more sensitive prevention programs. It was only with the Obama administration that PEPFAR reversed some of these policies, yet continuing U.S. bilateral aid not only undermined the WHO's credibility and effectiveness but also substantially compromised and undercut sub-Saharan public health systems that the WHO had worked hard for many years to strengthen and

support.<sup>10</sup>

One final and historically ironic way in which intrusive intervention by the United States undermined the WHO's international standing followed from the American insistence in the 1990s that the agency place considerable new emphasis on emerging infectious diseases and their epidemic and pandemic surveillance. These diseases became an American preoccupation in the final decade of the twentieth century and were the focus of high-level concern on the part of the National Institutes of Health, the Institute of Medicine, and the Centers for Disease Control, marked most notably by the CDC's launching of a new journal, *Emerging Infectious Diseases*, in 1995. An important item on the U.S. agenda was to transfer this preoccupation with emerging infectious diseases to the WHO and to prod it to take on the upgrading of the International Health Regulations (IHR) that it oversaw but that were quite out of date.

The WHO responded in various ways to U.S. pressure. It appointed Dr. David Heymann, an American physician and epidemiologist who had spent thirteen years with the CDC, as the WHO's first director of its new Program on Emerging and Communicable Diseases. Heymann served in that role from 1995 to 1998 and was then appointed the executive director of the WHO Communicable Disease Cluster from 1998 to 2003, helping guide the WHO's response to Ebola, Avian Flu, and SARS outbreaks during his eight-year tenure. His work led directly to the reformulation of the IHR in 2005, a priority strongly pushed by the CDC.

The irony is that the IHR as reformulated are quite problematic, in that they very strictly limit the WHO's data collection and enforcement authority, which means that its response to epidemic and pandemic outbreaks is legally circumscribed and, per necessity, of only limited effectiveness.<sup>11</sup> In a classic "blaming the victim" scenario, that circumscribed response, for which the heavy hand of the United States is ultimately responsible, is now President Trump's rationale for drastically cutting U.S. financial support for the agency.<sup>12</sup>

There were many additional examples of unilateral U.S. intervention in the WHO's history all of which hampered or completely sidetracked the international health agency, preventing it from achieving the goals articulated with such idealistic fervor in 1948, when the organization was formally launched and reaffirmed at Alma-Ata. Space limits their exploration now, but their study will yield a deeper and more granular understanding of how the WHO has been shaped over the course of its history by U.S. perceptions, priorities and blatant interventions. So if President Trump follows through on his threat, it will

surely not be the first time that the United States has shown its heavy hand. And if the WHO in some fashion survives this latest assault, it will almost certainly not be the last, as the organization staggers into the future.

Notes:

1. Michael D. Shear, "Trump Attacks W.H.O. Over Criticisms of U.S. Approach to Coronavirus," *New York Times*, April 7, 2020.
2. Helen Davidson, "Crimes Against Humanity: Trump Condemned for WHO Funding Freeze," *New York Times*, April 15, 2020.
3. American Public Health Association Press Release, "APHA Opposes Trump Move to Cut Essential WHO Funding," Washington, DC, April 14, 2020.
4. All general statements about the history of the WHO in this and subsequent paragraphs are based on material presented in Marcus Cueto, Theodore M. Brown, and Elizabeth Fee, *The World Health Organization: A History* (Cambridge, UK, 2019).
5. Jennifer Prah Ruger, "The Changing Role of the World Bank in Global Health," *American Journal of Public Health*, vol. 95 (2005): 60–70.
6. Theodore M. Brown, Marcos Cueto, and Elizabeth Fee, "The World Health Organization and the Transition From 'International' to 'Global' Public Health," *American Journal of Public Health*, vol. 96 (2006): 68.
7. Randall M. Packard, *A History of Global Health* (Baltimore, MD, 2016), 285, 287.
8. Nitsan Chorev, *The World Health Organization Between North and South* (Ithaca, NY, 2012), 221.
9. Chorev, *The World Health Organization*, 222.
10. Packard, *History of Global Health*, 300–301.
11. Julie E. Fischer, Sarah Kornblet, and Rebecca Katz, "The International Health Regulations (2005): Surveillance and Responses in an Era of Globalization," *Stimson Global Health Security Program*, School of Public Health and Health Services, George Washington University (Washington, DC, 2011), <https://www.jstor.org/stable/resrep10843>.
12. Helen Branswell, "Trump faulted the WHO's coronavirus response. But it's guided by rules the U.S. helped write," *STAT*, April 8, 2020, <https://statnews.com>.