

NEEDED: A REFORMED WHO

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The United States' decision to stop funding the World Health Organization (WHO) could not be more badly timed. The WHO remains the closest thing to an international coordinating and information-gathering body during the pandemic. At a time when multilateral cooperation could not be more needed, United States (US) President Donald Trump has concluded there is greater political benefit in turning on the agency. His action is partially symbolic: The US has already provided funds for this financial year.

However, a large share of the blame rests with the WHO. The director-general, Dr Tedros Adhanom Ghebreyesus, allowed his organisation to become entangled in great power rivalry. This is a minefield which all multilateral organisations should avoid. He tried a strategy of accommodation to persuade China to be more open about the pandemic, to the extent of appeasing it. The WHO issued a stream of flawed advice based on the information provided by Beijing, including criticising the decision of India and other countries to impose a travel ban on China. Some of his comments, such as criticising Taiwan despite its exemplary handling of the virus, were gratuitous. The approach yielded little. The WHO needed to take a harder line, for example, about the limited access foreign scientists have been getting to ground zero of Covid-19. The agency also has long-standing internal issues. Donors tie much of its funding to specific programmes; so it has minimal capacity to watch out for black swan events. Its regional directors are answerable to multiple national health ministers. Half of its 10 largest donors are non-governmental organisations. But many of these defects ultimately derive from the agency's long neglect by governments. The US, whatever Mr Trump's own views, has long been the WHO's strongest supporter and contributes a quarter of its budget. China, for all its evident influence, pays less money than Rotary International.

The WHO has played a quiet-but-crucial role in global health. It effectively runs the health services in some 30 countries. India is also a beneficiary, especially in the agency's efforts against tuberculosis and polio. The WHO standard-setting helps India serve as the world's generic drug maker. The world can ill-afford a cash-starved WHO — despite its flaws — in a time of pandemic. India should consider joining other governments in pledging to fill any financial gap that may occur. New Delhi should also clearly warn the agency to be more open in calling out China and other governments who fail to meet their medical obligations.

END

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