

The International Health Regulations (IHR) are a legally binding framework established by the World Health Organization (WHO) to strengthen global health security by preventing and responding to the international spread of diseases. Originally adopted in 1969, they were revised in 2005 to address a broader range of public health threats.

WHO's Overall Funding Model

The WHO, which oversees the IHR, receives its funding from two primary sources:

- **Assessed Contributions:** Mandatory contributions from member states, accounting for about 20% of WHO's budget.
- **Voluntary Contributions:** Donations from member states, private organisations, and philanthropic foundations, making up the remaining 80%.

WHO's Overall Funding Model

The IHR are a legally binding framework under the WHO aimed at managing global health risks. First adopted in 1969 to address specific diseases, they were expanded in 2005 to cover all public health risks with global implications.



Discover more insights and stay informed – visit us at www.inform-me.org for additional resources and the latest updates on immunisation and vaccination.

Case Study: The 2009 Swine Flu Pandemic – A Manufactured Crisis?

In 2009, the WHO declared H1N1 influenza (swine flu) a Public Health Emergency of International Concern (PHEIC), triggering widespread panic and a massive global vaccination campaign.

Pharmaceutical companies rapidly developed vaccines under emergency authorisations, with governments spending billions to stockpile them.

However, the severity of the pandemic was later called into question.

Key Points:

- **Lower-Than-Expected Mortality:** Early projections by the WHO suggested swine flu could cause millions of deaths worldwide. Yet, the eventual global death toll was comparable to seasonal influenza (WHO, 2010). This disparity raised concerns about the justification for the emergency declaration.
- **Vaccine Safety Concerns:** The rushed development of vaccines led to significant safety issues. For example, the Pandemrix vaccine, widely distributed in Europe, was later linked to narcolepsy in children and adolescents (European Medicines Agency, 2011).
- **Conflict of Interest Allegations:** Investigations revealed that some experts advising the WHO on H1N1 had financial ties to vaccine manufacturers (Council of Europe Report, 2010). Critics argue these conflicts may have influenced the decision to declare a pandemic.

The WHO's Impact: A Timeline of Global Health and Controversy



1948: Founding of the WHO: The World Health Organization (WHO) is established as a specialised agency of the United Nations to lead and coordinate international health efforts.

1955: Global Malaria Eradication Programme

WHO launches its first global effort to eliminate malaria, later halted due to logistical challenges.



1969: Adoption of the IHR

The IHR is introduced to manage the international spread of diseases like cholera and yellow fever.



1979: Smallpox Eradication

WHO leads the global campaign to eradicate smallpox, but critics question the role of vaccines versus improved hygiene and public health measures.



2005: IHR Revision

The IHR is updated to address all health risks, including pandemics and bioterrorism.



2009: Swine Flu Pandemic

WHO declares H1N1 a global health emergency, later criticised for overstating the threat.



2020: COVID-19 Pandemic

WHO declares COVID-19 a pandemic, influencing global health strategies and responses.



2023: Proposed IHR Amendments

Amendments propose expanded powers for WHO to enforce global health mandates, raising sovereignty concerns.



The WHO: History and Context

Establishment of the WHO (1948):

- Created as a specialised agency of the United Nations, with the mission of promoting global health, coordinating international health responses, and combating diseases.
- Famous early achievements: Eradication of smallpox and tackling infectious diseases like polio.

The Evolution of WHO's Role:

- Initially focused on infectious disease control, but later expanded to include non-communicable diseases, mental health, and health equity.
- Recent decades: Growing influence in setting global health policy and developing binding regulations, such as the International Health Regulations (IHR).

The WHO and Private Partners:

- Heavy reliance on private funding, including contributions from philanthropic foundations (e.g., Bill & Melinda Gates Foundation) and corporate sponsors.
- Concerns about conflicts of interest influencing global health priorities.

Criticisms of the IHR

- Lack of transparency in WHO decision-making processes.
- Uneven implementation across countries, leaving gaps in health security.
- Potential conflict of interest due to reliance on private donors.
- Risk of infringing on personal freedoms through mandated measures.