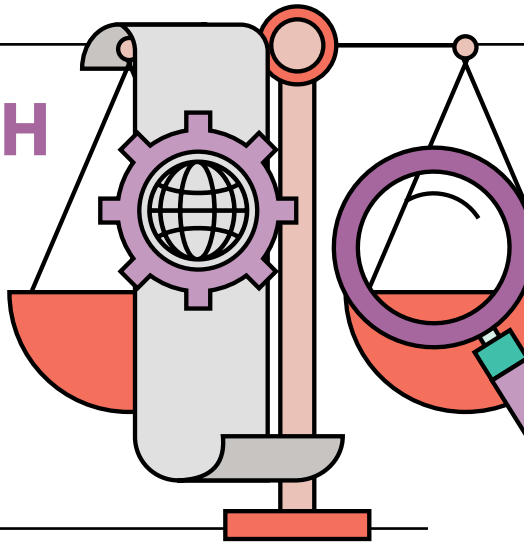
THE INTERNATIONAL HEALTH REFORM PROJECT (IHRP): Rebuilding International Health Governance on Ethics, Evidence and Sovereign Responsibility



The International Health Reform Project (IHRP) was formed in response to a growing crisis of confidence in international public health governance. Although this crisis became highly visible during Covid-19, its roots predate 2020 and reflect deeper structural and ethical problems within the World Health Organization (WHO) and the broader global health architecture.

The IHRP panel has developed two linked outputs:

Technical Report
provides the analytical foundation, examining ethics, institutional history, disease burden, financing, governance structures and legal frameworks.

Policy Report
distils these findings into principles and reform pathways for policymakers.

The Legitimacy Problem

International cooperation in health is both necessary and valuable. Cross-border surveillance, data sharing and technical assistance have contributed to dramatic gains in life expectancy, particularly in low- and middle-income countries. Early WHO programmes demonstrated what focused, technically grounded cooperation can achieve.

Over time, however, global health governance has drifted from those foundations. The IHRP identifies several interrelated trends:

- Expansion beyond core public health functions ('mission creep').
- Centralisation of authority justified by emergency framing.
- Growing dependence on earmarked and non-State donor funding.
- Preference for technological interventions over foundational determinants of health.
- Treaty-based rigidity that locks in policy assumptions.
- Weak accountability to Member States and affected populations.

These developments have not merely reduced efficiency; they have eroded trust and legitimacy.

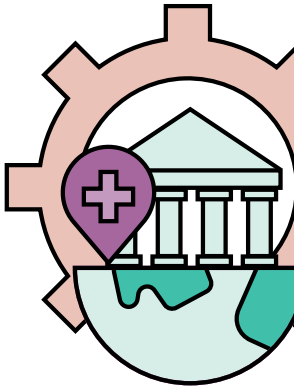
Ethics as Foundation

Healthcare is not value-neutral. Its legitimacy rests on ethical principles embedded in medical tradition and international human rights law:

- **beneficence**
- **non-maleficence**
- **confidentiality**
- **voluntary informed consent**

These principles, extended into ethical principles of international public health, impose constraints even during emergencies. The IHRP argues that recent practice has too often subordinated them to abstract notions of collective security, insufficiently weighing proportionality and long-term harm.

Sovereignty as Responsibility



The Policy Report advances a conception of **health sovereignty** grounded in responsibility, not isolationism. States bear primary responsibility for protecting their populations' health. International organisations exist to support states – not replace or override them.

International cooperation derives legitimacy from voluntary state participation. When authority drifts towards centralised technocratic bodies detached from domestic accountability, legitimacy weakens, even if intentions are benign.

Subsidiarity and Proportionality

The IHRP identifies **subsidiarity** as the missing organising principle. Decisions should be taken at the lowest level capable of acting effectively:

- Individuals retain autonomy in medical decisions.
- National governments lead policy.
- Regional bodies coordinate where necessary.
- Global institutions provide normative guidance, technical support and data.

The Technical Report also demonstrates that pandemics account for a relatively small share of long-term global mortality compared with endemic infectious and non-communicable diseases. Historically, life expectancy gains have primarily come from sanitation, nutrition, antibiotics and primary care, not emergency architectures. Proportionality must guide future investment and intervention decisions.

Institutional Reform

The Policy Report proposes principles for reforming the WHO – or, if necessary, establishing a successor International Health Organization (IHO):

- Decentralised authority.
- Proportionate emergency policy focus within a more people-centred public health approach.
- Financial independence through assessed contributions.
- Strict conflict-of-interest rules.
- Limited, clearly defined mandates.
- Time-bound interventions that build national capacity.
- Success measured by redundancy, not expansion.

The goal is not institutional destruction, but restoration of legitimacy through clarity of purpose and accountability.

Why This Matters Now

Increasing funding constraints, the exit of the United States and pending election of a new WHO Director-General in July 2027 presents a critical moment. Leadership transitions create space for institutional reassessment. Member States will have an opportunity to debate not only personalities, but mandate, structure, financing and scope.

IHRP is intended to inform that debate. It promotes cooperation, coordinated response and science-based decision-making. It argues that effective cooperation requires legitimacy, and legitimacy requires ethics, evidence, proportionality and respect for sovereign responsibility. At its core, this project is about rebuilding trust in international health governance before further drift renders reform politically impossible.

For more information, please email info@internationalhealthreformpanel.org or visit the IHRP website.

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