POLICY TIP SHEET

# Resisting the UN's 'Our Common Agenda' and the Expansion of WHO Authority

By Caroline Weaver

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## KEY TAKEAWAYS

- **Our Common Agenda outlines a broad United Nations vision for global governance that would expand the World Health Organization's authority and institutionalize international coordination on public health.**
- **The WHO already wields extensive powers through the International Health Regulations (IHR), which allow the director-general to declare health emergencies and guide national responses.**
- **During declared emergencies, the IHR permits governments to require or compel medical examinations, vaccinations, or quarantine measures—creating a two-tier system of compliance for travelers.**
- **Our Common Agenda explicitly endorses G20 proposals to establish permanent global health funding structures, including a $10 billion Global Health Threats Fund, a Global Health Threats Board, and increased mandatory WHO contributions.**
- **These mechanisms would embed global oversight and financing into national health systems, gradually shifting authority and accountability away from elected governments toward international institutions.**
- **Policymakers should resist efforts to entrench global control, ensuring that international cooperation on health remains subordinate to national sovereignty and accountable democratic governance.**

In 2021, the United Nations launched Our Common Agenda, a sweeping initiative to reshape global governance under the banners of "sustainable development," "collective security," and "solidarity."[1] The plan touches nearly every sphere of public policy, including climate and environmental regulation, digital speech and technology governance, global taxation and finance, migration, and public health. Many of these proposals raise serious concerns about sovereignty, individual rights, and accountability.

Among them, the health component is particularly significant. Building on the lessons it claims to draw from Covid-19, Our Common Agenda calls for a stronger World Health Organization (WHO), permanent international funding mechanisms, and "a more robust toolbox for the International Health Regulations."[2] Together, these measures could bind the United States more tightly to international frameworks, drain taxpayer resources, and erode medical and political self-determination.

Following the 75th Session of the United Nations General Assembly and the turmoil of the pandemic, Secretary-General António Guterres was tasked with drafting a new vision for the future of global cooperation that would "mobilize resources, strengthen our efforts and show unprecedented political will and leadership."[3] Our Common Agenda emerged as that blueprint, calling for renewed multilateral "solidarity" and proposing concrete steps that would consolidate decision-making at the global level.

Framed in aspirational language about equality, sustainability, and collective security, Our Common Agenda nonetheless represents a practical roadmap for shifting power from nations to international bureaucracies. The UN argues that modern problems require global, collective solutions. Yet these proposals would empower unelected bodies to set norms, coordinate crises, and establish financing mechanisms that national governments would be expected to fund and implement. Health governance is the clearest and most immediate example of this shift—and the WHO is positioned at its center.

## THE WHO AS A CASE STUDY IN CENTRALIZED GOVERNANCE

The World Health Organization already possesses far-reaching authority through the International Health Regulations (IHR), a legally binding framework adopted in 2005 that governs how nations respond to infectious-disease outbreaks.[4] These regulations require countries to maintain surveillance capacities, promptly share data with the WHO, and implement certain border-health measures during emergencies.

Under Article 12 of the IHR, the WHO Director-General—after consulting an emergency committee that he personally appoints[5]—can declare a "public health emergency of international concern."[6] Such a declaration obligates member states to cooperate with WHO guidance and may prompt the imposition of cross-border measures. Article 31 allows governments, during such an emergency, to "require a medical examination, vaccination, or other prophylaxis" from anyone traveling to the country.[7] If travelers do not consent to such measures, they can be denied entry.[8]

Moreover, if there is "evidence of an imminent public health risk," a government may directly compel the traveler to undergo a medical examination, vaccination, or "additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation."[9] In practice, this creates a two-tier system: under normal conditions, travelers can refuse and be turned away, but in an emergency, they can be forced to comply.

While these powers are officially intended to facilitate coordination among nations, they also create avenues for external pressure on national governments. The WHO's authority to define emergencies, issue recommendations, and evaluate national compliance gives it enormous influence over domestic policy decisions that should rest with sovereign legislatures.

Our Common Agenda builds on this framework, calling for greater synergy with the IHR and stronger enforcement capabilities for the WHO.[10] Guterres' proposal risks turning WHO directives into quasi-binding expectations for every member nation. For the United States, that means domestic policies could increasingly be judged against international benchmarks crafted abroad.


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Although the Trump administration initiated withdrawal from the WHO in January 2025,[11] by law such a withdrawal takes effect only after one year's notice.[12] Until then, the United States remains a party to the IHR. Washington opposed proposed 2024 amendments to the regulations but remains subject to the 2005 agreement. This uncertain status leaves the door open for further entanglement as global health initiatives evolve.

## EXPANDING GLOBAL FINANCING AND LEVERAGE

Our Common Agenda expands the scope of global health centralization from governance to financing. Building on the same emergency framework described above, it calls for "predictable and sustainable funding" to strengthen global health preparedness and compliance with the International Health Regulations. The WHO currently relies heavily on voluntary, earmarked contributions, with assessed dues making up less than 20 percent of its budget.[13] To reduce that dependence and ensure steady revenue, Our Common Agenda urges member states to guarantee reliable, long-term support for international health institutions.[14]

Our Common Agenda explicitly endorses the recommendations of the G20 High Level Independent

Panel on Financing the Global Commons for Pandemic Preparedness and Response, which proposed an extensive new model for permanent global health financing.[15] Among other items, the panel called on governments to:

- Establish a permanent Global Health Threats Fund of at least $10 billion per year to support a "transformed global network for surveillance" and other cross-border investments;
- Create a Global Health Threats Board to provide "systemic financial oversight" and coordinate international financing, with an estimated $15 billion annually required overall;
- Develop a Health Security Assessment Program led by the WHO and World Bank to evaluate each nation's preparedness against agreed international benchmarks and integrate those findings into International Monetary Fund surveillance reports; and
- Increase assessed member-state contributions to the WHO so that they cover two-thirds of the organization's core budget.[16]

Collectively, these proposals reflect a push to make global health governance self-perpetuating through guaranteed international funding. While framed as cooperative "burden-sharing," the effect would be to convert voluntary contributions into recurring obligations—ensuring that nations, including the United States, continue financing a standing global health bureaucracy. The ultimate cost would fall on U.S. taxpayers, who already provide the WHO's largest single share of funding.[17]

## FROM HEALTH SECURITY TO POLICY PRECEDENT

Proponents of Our Common Agenda and its companion initiatives frame these reforms as necessary safeguards against the next pandemic. But the precedent extends far beyond health. Once an international body acquires the authority and funding to define emergencies and coordinate national responses, it gains leverage to expand its reach into other areas that can be described as "global health security" issues.

During Covid-19, many governments justified sweeping restrictions on movement, speech, and commerce under emergency powers. A global emergency apparatus could make such powers more durable and less accountable to voters. Even where national law formally retains supremacy, international declarations carry political weight: agencies and media outlets treat them as authoritative, shaping domestic behavior without direct consent from citizens.

By pairing moral rhetoric about "solidarity" with new compliance and financing mechanisms, Our Common Agenda risks normalizing a model of governance in which unelected international officials define crises, allocate resources, and set expectations that national governments feel pressured to follow.

## IMPLICATIONS FOR U.S. SOVEREIGNTY

The United States was founded on the principle that legitimate authority flows from the consent of the governed. Binding international arrangements that empower transnational organizations erode this line of accountability. When policy decisions are made in Geneva or New York rather than Washington or state capitals, Americans lose their ability to hold decision-makers responsible.

Expanding WHO authority under Our Common Agenda would blur the distinction between cooperative health efforts and delegated power. It would embed permanent global institutions with both the resources and political mandate to act independently of national legislatures. The risk is not that the WHO will instantly overrule U.S. law, but that its judgments and "emergency" declarations will become the de facto standard for acceptable domestic policy, gradually shifting sovereignty away from the people's elected representatives.

Safeguarding American independence will require vigilance. Policymakers and citizens alike should scrutinize every proposal that expands global authority at the expense of constitutional governance, recognizing that even the most well-intentioned rhetoric about "collective security" often conceals a transfer of authority from accountable institutions to distant international bodies. International cooperation has value, but it must never come at the expense of the constitutional order that guarantees liberty, self-government, and due process in the United States.

# Endnotes


1 United Nations, Our Common Agenda: Report of the Secretary-General, September 2021, https://www.un.org/en/content/common-agenda-report/

2 United Nations, Our Common Agenda: Report of the Secretary-General, p. 53.

3 United Nations General Assembly Resolution A/Res/75/1, Declaration on the commemoration of the seventy-fifth anniversary of the United Nations, September 21, 2020, https://docs.un.org/en/A/RES/75/1

4 World Health Organization, International Health Regulations (2005), as amended in 2014, 2022, and 2024, https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf

5 IHR Article 48.

6 IHR Article 12.

7 IHR Article 31(2).

8 IHR Article 31.

9 IHR Article 31(2).

10 United Nations, Our Common Agenda: Report of the Secretary-General, p. 53.

11 WhiteHouse.gov, "Withdrawing the United States from the World Health Organization," January 20, 2025, https://www.whitehouse.gov/presidential-actions/2025/01/withdrawing-the-united-states-from-the-worldhealth-organization/

12 22 U.S.C. § 290c - Withdrawal from the Organization on one-year notice, accessed October 22, 2025 from Cornell Law School, https://www.law.cornell.edu/uscode/text/22/290c

13 World Health Organization, "How WHO is funded," accessed October 22, 2025, https://www.who.int/about/funding

14 United Nations, Our Common Agenda: Report of the Secretary-General.

15 Group of 20, A Global Deal for our Pandemic Age: Report of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response, June 2021, https://www.g20.utoronto.ca/2021/G20-HLIP-Report.pdf

16 Group of 20, A Global Deal for our Pandemic Age: Report of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response.

17 World Health Organization, "How WHO is funded."