Bureaucratic Responsiveness in Times of Crisis: A Comparative Analysis of the Administrative Challenges Faced by the WHO and IMF

Rohan Shukla

https://doi.org/ 10.61410/had.v21i2.284

Abstract

International organizations are often expected to address global crises that transcend borders, yet their internal systems frequently struggle to keep up with the urgency and complexity of such situations.This paper compares two distinct international bodies—the World Health Organization and the International Monetary Fund—to explore how their structural limitations hinder their ability to respond effectively during emergencies.Using theories such as principal-agent dynamics, resource dependency, and organizational path dependence from public administration, the analysis shows that each organization's difficulties reflect the compromises made during its formation.The WHO is constrained by a highly decentralized structure and funding that is largely controlled by donors with specific conditions, while the IMF faces challenges due to its concentrated voting power and a deep-rooted culture of imposing conditions that resist change.The main point is that the ability of these organizations to respond quickly to crises is not only influenced by political will but is also deeply connected to how much financial independence they have and how well their operations are aligned with their mandates.Without redesigning these institutions to provide more stability and flexibility, their responses will likely continue to lag behind the crises they are meant to address.

Keywords: bureaucratic responsiveness, international organizations, WHO, IMF, principal-agent theory, resource dependency, organizational path dependence, crisis management

1.Introduction

Few situations reveal the weaknesses in the global governance system as clearly as a rapidly unfolding, cross-border crisis.

Whether it's a new virus spreading across continents in a matter of weeks or a financial crisis impacting interconnected financial systems, international organizations are expected to act quickly, decisively, and without error.In reality, these structures that give these bodies their legitimacy and political support often become obstacles that slow down their ability to respond rapidly when needed.

- **Pol science and Pub Ad**

This paper explores this challenge through a comparative analysis of the World Health Organization (WHO) and the International Monetary Fund (IMF).

At first glance, comparing a public health agency with a financial institution might seem unusual.One focuses on health guidance, disease tracking, and setting norms; the other provides financial aid, creates economic stabilization programs, and applies the power of conditional lending.Yet, when viewed through the lens of how bureaucracies respond to emergencies, they reveal a shared set of challenges.Both are created by sovereign states who, while asking for prompt collective action, are unwilling to give up control that would enable such action.

I aim to ask a direct but important question: How do the unique institutional structures and funding processes of the WHO and IMF lead to their specific administrative challenges during emergencies?

My belief, and the argument I will present, is that these challenges are not random.They are the predictable outcomes of institutional agreements made decades ago, which have built-in weaknesses into each organization's structure.The WHO's failures often stem from a lack of unified leadership because authority is spread across various regions and money is received with strict conditions.Conversely, the IMF's failures tend to show as political deadlock in meetings and a tendency to stick with austerity measures, even when these measures are not effective during unexpected crises.To understand this, I draw on principal-agent theory, resource dependency, and a recognition of how organizational cultures develop around initial compromises—what a public administration scholar might refer to as administrative path dependence.

2.Theoretical Framework: Principals, Purses, and Paths

To understand why international bureaucracies react the way they do, it helps to use a few different theoretical perspectives.

In the sections that follow, I combine three approaches that together clarify the administrative challenges quite clearly.

The most natural starting point is principal-agent theory, a common tool in political science and institutional economics.

Member states, acting as collective principals, create international organizations to handle tasks that are too costly, complex, or politically sensitive for any one country to handle alone—such as disease monitoring, financial stability, or setting standards.These states give authority to an international secretariat, expecting

it to reduce transaction costs and solve coordination issues.Problems often arise during a crisis.At the very moment when the agent needs the most freedom, principals tend to pull back, micromanage, set political boundaries, and demand accountability in ways that slow down decision-making.The autonomy that the bureaucracy enjoys in normal times becomes a strong indicator of whether it can manage political interference and still act swiftly.

However, autonomy alone is not enough if the agent cannot afford to operate.

This is where resource dependency theory adds more clarity.The key idea, based on the work of Pfeffer and Salancik, is that an organization's behavior is significantly shaped by how it acquires essential resources.For international organizations, the mix of revenue—particularly the balance between mandatory assessed contributions and optional, often earmarked, funding—directly affects whether the bureaucracy can shift resources toward an unexpected emergency or must navigate time-consuming donor negotiations.When an international organization depends heavily on funds that come with strict program requirements, its ability to adapt is greatly reduced, regardless of its staff capability.

Yet, formal authority and funding alone cannot explain why institutions often fall back on familiar approaches even when these approaches are not working.

Here, the third perspective, drawn from public administration and historical institutionalism, becomes important: organizational path dependence.Institutions are not blank slates.They develop standard operating procedures, cognitive shortcuts, and deeply ingrained normative beliefs—what might be called an administrative orthodoxy—that are shaped by their founding moments and early crises.The IMF's habit of pushing for fiscal austerity is not just a technical choice; it is an identity formed over years of stabilization programs.The WHO's reluctance to confront member states over non-compliance is rooted in a post-war design that valued national sovereignty and regional political agreement.When a new crisis emerges, these embedded cultures act as filters, often blocking innovative responses in favor of standard solutions that align with the organization's historical sense of self.

Together, these three perspectives—political control, resource uncertainty, and administrative culture—provide a thorough way to understand why both the WHO and the IMF can be both powerful and paralyzed.

3.The World Health Organization: A Fractured Mandate

The WHO was established in 1948 with a vision that was almost idealistic: to help all people achieve the best possible level of health.

The broad scope of its mission is both a moral strength and a big challenge in terms of management.When a health threat like Ebola in West Africa (2014) or SARS-CoV-2 (2020) appears, the organization is expected to lead.However, its internal structure often results in a slow and unclear response, which is due to the way the organization is set up, not because of any individual leader's actions.

One major problem is that the WHO is not a single unified organization.

It has a headquarters in Geneva and six regional offices—covering Africa, the Americas, South-East Asia, Europe, the Eastern Mediterranean, and the Western Pacific.Each of these regions has a high level of political independence.The regional directors are not chosen by the Director-General but are elected by the countries in their area.This setup means that a regional director's job security depends on being favorable to the governments they might later need to criticize during a health crisis.This makes the chain of command fragmented by design.For example, during the slow international reaction to the Ebola outbreak in West Africa, the Africa Regional Office (AFRO) was heavily criticized for not recognizing the seriousness of the situation early on and refusing to declare a Public Health Emergency of International Concern.The Director-General in Geneva did not have the power to override the regional office or to create a unified command structure quickly.In a rapidly spreading outbreak, this system of distributed authority means the global response is often held back by the slowest regional office.

Even if the WHO could centralize its command, it would still face another major challenge: money that it cannot use freely.

Over the years, the WHO's funding has changed significantly.Originally, most of its resources came from mandatory contributions made by member states based on wealth and population.These core funds allowed the secretariat to decide where resources were needed.Today, about 80% of the WHO's budget comes from voluntary donations, and most of that money is specifically directed by donors for certain diseases, regions, or projects.One day it's funding for polio eradication, the next day it's funding for nutrition programs in a particular area.

This funding model limits the organization’s ability to act flexibly when it’s needed most.

When a new pathogen appears, the Director-General can't simply divert a block of unrestricted funds to support field operations, buy tests, or supply protective gear.Instead, the organization must urgently seek permission from donor countries, a process that can take weeks while the virus spreads in days.The bureaucratic effort then shifts from planning to writing grant proposals and managing relationships with donors.This dynamic undermines the idea of a globally coordinated, independently funded, and swift response.What we saw during the early months of the COVID-19 pandemic was a WHO that knew what actions were needed, but was structurally dependent on the changing generosity and political interests of a small group of wealthy countries.

4.The International Monetary Fund: The Weight of Orthodoxy

If the WHO's crisis response frequently shows the organization being pulled apart by internal forces, the IMF's issues are those of a highly centralized institution whose internal unity can be a disadvantage in different ways.

The Fund is meant to be a last resort lender, with a lot of financial power.Its main issues have not been a lack of resources or a scattered command structure, but rather a governance model that concentrates power and a bureaucratic culture that is resistant to change.

The IMF's decision-making is led by its Executive Board and a voting system based on quotas, which generally reflect a country's economic size.

This is not a one-nation-one-vote system.The United States alone has a large enough share to block important decisions, and when combined with the votes of major European countries, a small group of wealthy industrial nations effectively control the direction of the institution.During a major financial crisis, such as the 2008 global crisis, the Fund was called upon to provide quick and large amounts of liquidity, including through measures like Special Drawing Rights.However, every major decision had to take into account the political concerns of its biggest shareholders.The technical staff in Washington might have been able to act within days, but the political discussions in the boardroom stretched the timeline into weeks and even months.Liquidity for countries in the Global South became dependent on the legislative schedules in Washington and Berlin.The relationship here is not one of chaotic decentralization, but of a tightly controlled leash held by a few powerful entities that can cause paralysis through inaction.

Even when political obstacles are overcome, the Fund faces another challenge that is less about voting power and more about its intellectual background.

Since the debt crises of the 1980s, the IMF has built its identity around conditionality—the idea that emergency loans must come with policy reforms, often involving austerity measures, to ensure repayment and restore economic stability.This approach is deeply embedded in the training, manuals, and memory of the institution.When the world was hit by the economic impact of the COVID-19 pandemic in 2020, the nature of the crisis was different from a typical financial crisis.Countries were not being irresponsible with their finances; they were closing their economies due to public health orders.What was needed was unconditional and quick liquidity—basically, a global safety net with few conditions.

The Fund did create tools like the Rapid Credit Facility and the Rapid Financing Instrument, which were designed to provide funds with few or no traditional conditions.

However, converting these tools from design to routine practice was difficult.Country teams, who were trained to focus on policy reforms, were not always comfortable with a "fire and forget" approach.Internal review processes, which were meant to protect the Fund's financial stability, continued to impose checks that felt out of place with the urgency of the moment.The bureaucracy was caught between its new goal to be fast and flexible and its long-standing habit of being strict, conditional, and very detailed.The result was an uneven implementation where speed varied, and the stigma of borrowing from the Fund—historically connected to politically damaging austerity measures—deterred some countries from seeking help.

5.A Comparative Reading of Administrative Vulnerabilities

Looking at the World Health Organization (WHO) and the International Monetary Fund (IMF) together shows a clear pattern of opposites.

Both are organizations created by member states, and they are expected to lead during global emergencies, yet they also create structures that make such leadership difficult.The difference lies in the type of obstacles each organization faces from its member states. For the WHO, the main issue stems from its structure.

It was designed in a way that gives more power to regional political groups and weakens the secretariat's financial independence.This leads to problems in how the agency responds to health crises, such as a lack of capacity and internal disagreement.The WHO understands what a good public health intervention should

look like, but it cannot force its regional offices to carry out a coordinated plan.It also struggles to quickly move money from frozen accounts to where it is most needed.The tension between the WHO's leadership and its member states shows up in two ways: horizontally, with member states bypassing the organization by sending resources through regional channels that are more willing to comply, and vertically, with member states favoring controlled, specific projects over the core budget.

In contrast, the IMF's challenge lies in its concentration of political power and its strong reliance on its traditional methods.

Its problems in responding to crises are not due to a lack of resources, but rather its inability to act quickly and fairly.Even though money is available, it is delayed because of the influence of a few powerful countries and because of strict, outdated processes that are skeptical of unconditional aid.The tension between the IMF and its member states is more vertical, with a small group of powerful members using their voting rights to control the pace and direction of the IMF's response, often to the disadvantage of the broader membership.

If we boil this comparison down to one key point, it is this: the WHO's ability to respond effectively is weakened from below and outside, due to fragmentation and reliance on external funding.

The IMF's ability to act is limited from above and within, due to the dominance of its shareholders and its inflexible culture.In both cases, the administrative structure of these organizations is designed to limit the independence of their staff, ensuring that when a crisis hits, the system responds with intergovernmental talks rather than a unified action.

6.Conclusion and Policy Implications

Comparing the WHO and the IMF highlights a difficult reality in global governance.

Discussions about reforming these institutions often focus on technical solutions like more funding, more staff, or better data systems, without addressing the underlying political agreements that make these solutions hard to implement.The ability of an institution to respond effectively in a crisis is not something that can be turned on or off when needed.It is a built-in characteristic of how the institution is structured, including its governance, funding sources, and organizational culture.

If the international community wants the WHO to act before an outbreak becomes a full-blown pandemic, it must be willing to reverse a long-term trend toward funding that is earmarked and voluntary.

A large, predictable core budget based on assessments rather than donations would do more to prepare for pandemics than any number of plans.At the same time, the Director-General needs greater authority over regional emergency operations, at least during a declared global health crisis, to coordinate a truly unified response.

For the IMF, the key steps forward involve changing two long-standing practices.

First, the organization must gradually adjust its voting and quota system to reduce the disproportionate influence of a few traditional powerful members, giving emerging economies a stronger voice and reducing the political barriers that slow down emergency financial support.Second, the Fund should permanently include fast, no-conditions facilities in its regular operations to help address sudden, large-scale crises.This would prevent the default response of demanding austerity when the world needs quick financial support to rebuild confidence.These changes are as much about changing the culture within the organization as they are about updating its policies.

In the end, the lesson from these two cases is clear: for global institutions to respond effectively during a crisis, there must be a proper balance between financial independence and the authority to act.

Until member states are willing to give these organizations more real autonomy, both the WHO and the IMF will remain powerful in their goals but limited by the structures they have inherited, often arriving too late to prevent the crises they were meant to prevent.

References

1. Barnett, M. N., & Finnemore, M. (2004). Rules for the World: International Organizations in Global Politics. Cornell University Press.
2. Hawkins, D. G., Lake, D. A., Nielson, D. L., & Tierney, M. J. (Eds.). (2006). Delegation and Agency in International Organizations. Cambridge University Press.
3. Pfeffer, J., & Salancik, G. R. (2003). The External Control of Organizations: A Resource Dependence Perspective. Stanford University Press.

4. Pierson, P. (2000). "Increasing Returns, Path Dependence, and the Study of Politics." American Political Science Review, 94(2), 251-267.

5. Woods, N. (2006). The Globalizers: The IMF, the World Bank, and Their Borrowers. Cornell University Press.

6. Clift, B. (2018). The IMF and the Future of the Global Economy. Palgrave Macmillan.

7. Fidler, D. P. (2020). "The World Health Organization and Pandemic Politics." Journal of International Affairs, 73(2), 79-96.

8. Brown, G. W., & Cueto, M. (2019). The World Health Organization: A History. Cambridge University Press.

9. Stone, R. W. (2011). Controlling Institutions: International Organizations and the Global Economy. Cambridge University Press.

10. Buchanan, R., & Keohane, R. O. (2006). "The Legitimacy of Global Governance Institutions." Ethics & International Affairs, 20(4), 405-437.

ROHAN SHUKLA mail÷ rohanshukla2021@gmail.com