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Commentary

# Beyond Funding: What the United States' Withdrawal From WHO Reveals About the Fragility of Global Health Solidarity

## Comment on "The United States Withdrawal From the World Health Organization: Implications and Challenges"

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**Abstract**

The 2025 withdrawal of the United States from the World Health Organization (WHO) has reignited global debates about the future of multilateralism, global health governance, and collective health security. Building on the editorial by Yazdi-Feyzabadi et al, this commentary argues that the implications of the withdrawal extend beyond financial losses and operational disruptions to reveal deeper structural vulnerabilities within the global health system. The decision reflects growing tensions between nationalism and international cooperation, challenging the principles that underpin effective responses to transnational health threats. While the withdrawal threatens WHO financing, pandemic preparedness, and health equity, it also exposes long-standing concerns regarding the organization's dependence on a few major donors and the increasing influence of private philanthropy in global health decision-making. It concludes that strengthening WHO requires not only restoring political commitment and sustainable financing but also advancing reforms that enhance transparency, representation, and accountability.

**Keywords:** Global Health Governance, World Health Organization, Multilateralism, Health Security, Global Health Financing, Health Equity

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## Introduction

The World Health Organization (WHO) reform is not novel and only has to do with the United States withdrawal. Previous policy papers have focused on her funding mechanisms, governance, institutional mandate and its ability to respond to global health challenges. Among these contributions are analyses from the Center for Global Development, the International Health Reform Panel and other institutional actors, alongside the systematic review by Moser and Bump[1] which delves into the discussion surrounding WHO and its democratic nature. The importance of the existing literature is relevant because the current commentary does not aim to rehash the broad call for structural changes, but to add to the discussion and link the concepts of financial dependency, geopolitical asymmetries, institutional accountability and the work towards health equity in practice.

Yazdi-Feyzabadi et al[2] discuss the US's withdrawal from WHO in 2025 and is of the opinion that the decision cannot be boiled down to a budget line, or an issue of organisational efficiency.[1-3] It represents a paradigm change in global health governance, and highlights a paradox that has long been coming: that while decisions are taken as sovereign states, issues to be solved with these decisions are trans-border.[3,4] They painstakingly recount the financial, operational and political ramifications. Also, they raised questions on the viability of multilateral institutions, the impact of politics on health, and the nature of international cooperation that is still possible.[3] The editorial is correct in that pandemic preparedness, health equity, and collaboration across borders are all jeopardized. Perhaps the more important issue is the latent message that comes with the decision. The faith in multilateral governance is already under strain, and eroding at a time when the issues that require a multilateral response are no longer getting easier.[3,5]

## Global Health Governance at a Crossroads

Much has changed since the founding of WHO in 1948, in terms of global health governance. Traditionally, health threats have been viewed as being local issues, which did not need any extensive international coordination. Currently, challenges such as infectious diseases outbreaks, antimicrobial resistance, health threats from climate change, migration, and

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food insecurity are trans-border. Hence, no nation, no matter how developed, can provide protection for its population without the cooperation of others.[6]

The COVID-19 pandemic revealed the strengths and weaknesses in the current global health governance. WHO became a hub of coordination for information, technical guidance and cooperation between countries. At the same time, the pandemic highlighted the gaps in the funding mechanisms, political independence, and compliance of member states. These weaknesses should have been seen as a call to action and greater collective action, and not a reason to disengage.[4]

The US withdrawal is a symptom of a splurging pattern of rising nationalism. The willingness of key actors to withdraw from international institutions on a case-by-case basis when they disagree with them is an increasing risk for international cooperation.[5] Populist sentiments have been reported in various parts of the world that posits international cooperation as a threat to the nation's sovereignty. In this context, WHO has been an unintended target in more general political discussions on globalization and international governance.[7,8]

## The Paradox of Health Security

The most interesting point opined by Yazdi-Feyzabadi et al[2] is the paradoxical nature of the withdrawal. The decision, which is for the nation's interest, could have a negative impact on the health security of the country itself in the process. For example, information sharing and mutual trust among countries are critical to the early detection of disease outbreaks, surveillance systems, laboratory networks, and emergency response mechanisms. When key stakeholders pull out of these systems, then their effectiveness is really reduced.[7,9] The recent pandemic had made it abundantly clear that pathogens do not observe political boundaries. Even minor delays in information sharing and/or disturbance in the international coordination can have fatal consequences. But at a global level, no single country can manage the coordinated surveillance and response to these threats alone, most especially in the face of emerging threats to global health security.[10]

Hence, national preparedness and global preparedness are not mutually exclusive. International health cooperation investments often have significant domestic benefits in terms of improved surveillance, research partnerships and coordinated emergency response.[7] The consequences of withdrawal are thus not limited to the issue of whether or not states have a sovereign right to withdraw. The legal and political framework of the WHO system, based on the principle of sovereignty, provides a legal basis for states to withdraw under applicable rules, but this should be considered in relation to its implications for global health security. The main issue is thus how global health institutions can minimize the disruptive impact of withdrawal and how they can manage the inequities of influence between member states and financial contributors. Furthermore, multilateral health security discussions should reflect the views of other member states.

## Financing WHO: A Symptom of a Larger Structural Problem

The withdrawal by a major contributor is a serious issue for WHO's finances, as noted by the editorial. But if it is viewed merely as a funding issue, there is an emerging issue. The organisation has long been evolving from the assessed contributions that member states must pay, towards voluntary, earmarked funding. But that switch has had its advantages: WHO has been able to implement priorities more rapidly using voluntary resources that may not have been otherwise available to it. It has also opened the organisation up to vulnerability. The agenda follows the money when donors choose what to pay for, and preferences arrived at collectively by the member states can conflict with preferences developed elsewhere. The practical impact is that WHO's ability to pay for work that it considers important to its members is limited by decisions it never makes.[11]

This funding scheme has led to uncertainties in long-term planning, reduced institutional autonomy and limited the ability of WHO to be quick and flexible in response to new health threats. These weaknesses were therefore not the result of the US withdrawal, but rather were exposed and accentuated by it. A small number of key actors are vital to the organization and political changes in a single country can have disproportionate impacts on global health programmes, especially in low- and middle-income countries (LMICs) that rely heavily on WHO-supported programmes.[12]

Hence, there is a need for more sustainable, predictable and equitable financing of global health institutions. The use of voluntary contributions from governments, development agencies or private philanthropies inevitably brings about instability and questions of accountability, transparency and influence. Going forward, reforms should focus on raising assessed contributions, expanding the donor base, decreasing reliance on earmarked funding and improving governance processes to protect WHO's independence. These structural financing issues will leave the organisation exposed to political swings, whether in the country that decides to pull out or cut back on its funding.[13] However, expanding the donor base should not be equated with increasing WHO's financial independence.

## The Rise of Philanthrocapitalism: Opportunity and Risk

The discussion of private philanthropic organizations, especially the increasing involvement of foundations in global health financing, is an important contribution of the editorial. It has been much discussed whether philanthropic actors can fill gaps in funding left by governments. For example, Bill & Melinda Gates Foundation, have been doing a lot to control diseases, develop vaccines and innovate health. Their resources have helped to speed up the development of areas that may not have been developed otherwise. Notwithstanding, the growing role of private philanthropy poses important issues of legitimacy, accountability and priority-setting. Philanthropic organizations are not democratically elected, as are governments. They may not be based on the preferences of the affected populations, but rather on the preferences of donors.[14]

This is a concern especially in LMICs. In these places,

health priorities are often multifaceted and interdependent, and investments in health systems strengthening are more likely to be effective than in disease-specific interventions. Philanthropic funding models can have a negative impact on vertical programs at the cost of building a health system. Thus, philanthropy can supplement public funding, but it will never be a substitute for the legitimacy and collective responsibility of multilateral institutions. Global health should not be a matter of the tastes of a few rich people or institutions.[15]

## Implications for Health Equity

Perhaps, the most alarming impact of the withdrawal is on global health equity.[3,15] WHO has always been a key player in assisting countries with limited resources in the coordination of vaccination programmes, strengthening surveillance systems and promoting universal health coverage. The cuts in funding disproportionately impact those who are already the most vulnerable to health challenges. WHO-supported programmes are often a major component of low-income countries' health services.[15]

The withdrawal thus has the potential to exacerbate the health inequities between and within countries. This is especially concerning as many countries are still grappling with the social and economic impacts of COVID-19. Health inequities are not just technical issues, but are a product of political and economic systems. Choices made in strong nations can have a significant impact on weak nations thousands of miles away. The withdrawal is a reminder that global health governance is intrinsically connected to issues of justice, solidarity and shared responsibility.[3]

A focus on the relationship between the pandemic preparedness and the broader health systems agenda is also needed in order to address these equity issues. Emergency preparedness and response are essential to collective health protection but should not be a substitute for ongoing investments in primary healthcare, routine services, sanitation, nutrition, poverty reduction, and resilient national health systems. Any statement about the magnitude of shifts in resources, opportunity costs, or budget cuts in LMICs in the health sector should be backed up by well-defined and verifiable sources, including the time period, countries, indicators, and analytical methods.

## Reimagining Multilateralism for the Twenty-First Century

The current situation is an opportunity to rethink multilateralism, but also to call for renewed commitment to the WHO and increased funding from member states. Beyond sustainable funding, WHO's effectiveness in the coming decades will depend on its capacity to adjust to the changing geopolitical, economic and health landscape. Global health governance was configured in the post-World War II era, but power relations have changed, there is more regional influence and transnational health challenges are more complex today. Multilateral institutions, therefore, need to change to maintain relevance, representation and effectiveness.[7] A more inclusive governance structure would not only make the governance more legitimate, but would help ensure that global health priorities better address the needs and experiences of diverse populations.[3]

In parallel, institutional changes to increase transparency, accountability, efficiency and responsiveness in WHO should be enhanced. Perceptions of fairness, effectiveness and openness are key to public trust in international organisations. Concerning bureaucratic inefficiencies and governance issues can be tackled to debunk criticism of multilateral institutions as being out of touch with the public. Finally, the aim should not be to defend and maintain the status quo, but to establish more effective and resilient, equitable and inclusive global cooperation, which can meet the challenges of the twenty first century, including the challenges of pandemics, climate change, antimicrobial resistance, and increasing inequities in health.[7]

Therefore, strengthening multilateralism cannot simply be interpreted as an objective in itself. The key question is whether or not multilateral arrangements are adequate in terms of legitimacy, transparency, representation, and responsiveness to the needs of populations, especially those in LMICs. State commitment and compliance should therefore not be the only focus for reform; decision-making power should be shared, institutional actors should be held accountable, and governance of financial contributions should be strengthened, as well as efforts to increase the alignment of global priorities with national needs for health system.

## From Crisis to Opportunity

History as shown that significant institutional changes can come out of uncertainty. The founding of the WHO itself came after World War II and was based on an increasing awareness by countries that action in groups, through cooperation, was necessary to overcome common vulnerabilities and promote welfare at a global level. In the same manner, the current challenges that WHO is facing can be a springboard for renewal instead of downfall.[4,5] The US withdrawal has left behind long-standing challenges in global health governance (Table). It has also prompted relevant debates on "strengthening multilateral institutions to respond to the needs of a more interdependent world."[15] Constructively managed, these discussions could produce substantive changes that lead to improvements in WHO's effectiveness, legitimacy and resilience. However, this change isn't guaranteed but requires a willingness on the part of governments to invest in an institution over which they have only partial control, and a view of health as a right of the people rather than a national interest. In the absence of this willingness, the risks identified by the editorial are likely to burgeon.

## Conclusion

The United States' withdrawal from the WHO is frequently referred to as a funding issue, but it is way beyond that. As rightly noted by Yazdi-Feyzabadi et al,[2] there is a threat to preparedness and cooperation. What their analysis also entails and what this commentary has sought to build is to examine in greater detail why the organisation was so exposed in the first place. WHO was already relying on a few gigantic donors. The private foundations exerted a strong influence on whether a health issue was addressed or not. Characteristics

**Table.** Key Themes, Implications, and Policy Recommendations Arising from the United States Withdrawal From WHO[1,3,5,7-10,15]

| Theme | Key Issues Identified | Implications for Global Health | Recommended Actions |
|---|---|---|---|
| Global Health Governance | Growing tension between nationalism and multilateralism; declining confidence in international institutions | Weakening of international cooperation and reduced effectiveness of collective responses to global health threats | Strengthen multilateral engagement, reinforce political commitment to WHO, and promote international cooperation |
| Pandemic Preparedness and Health Security | Reduced participation of a major global health actor in surveillance and response systems | Increased vulnerability to emerging infectious diseases, delayed outbreak detection, and fragmented emergency responses | Enhance global disease surveillance networks, improve information sharing, and maintain coordinated preparedness mechanisms |
| WHO Financing | Dependence on a small number of major donors; vulnerability to political decisions of individual countries | Financial instability, reduced operational flexibility, and constrained response capacity | Increase assessed member-state contributions, diversify funding sources, and reduce reliance on earmarked donations |
| Political Determinants of Health | Domestic political priorities influencing international health commitments | Global health decisions increasingly shaped by national political interests rather than collective needs | Promote evidence-based policy-making and strengthen diplomatic engagement in global health governance |
| Philanthrocapitalism and Private Influence | Growing role of philanthropic organizations in financing health programs | Potential distortions in priority-setting, accountability concerns, and overemphasis on vertical interventions | Ensure transparency, strengthen governance oversight, and maintain public-sector leadership in health decision-making |
| Health Equity | Reduced support for vulnerable populations and resource-limited countries | Widening disparities in access to healthcare, vaccination, disease control, and emergency preparedness | Prioritize equity-focused funding, support LMICs, and strengthen universal health coverage initiatives |
| Representation and Inclusiveness | Underrepresentation of emerging economies in global health governance structures | Reduced legitimacy and responsiveness of multilateral institutions | Expand participation of LMICs in decision-making and governance processes |
| Institutional Reform | Existing concerns regarding accountability, transparency, and organizational efficiency | Persistent criticisms may undermine public trust and member-state support | Implement governance reforms that enhance transparency, accountability, efficiency, and responsiveness |
| Multilateralism in the Twenty-First Century | Existing governance structures may not adequately reflect changing geopolitical realities | Reduced relevance and effectiveness of international institutions | Modernize global health governance frameworks to address contemporary challenges and power shifts |
| Future of Global Health Solidarity | Risk of fragmentation of collective action mechanisms | Weakened global capacity to address pandemics, climate-related health risks, and antimicrobial resistance | Renew commitment to solidarity, shared responsibility, and collective action in addressing global health challenges |

Abbreviations: WHO, World Health Organization; LMICs, low- and middle-income countries.

of these weaknesses were not caused by the withdrawal. It lifted the lid off of their hiding place. That's important because the only recourse is to seek out new donors as soon as possible, which can result in the same arrangement, different people. A better measure of reform is if the organisation is less susceptible to any one government or funder, and if those countries most dependent on WHO support are actually involved in determining priorities.

## Disclosure of artificial intelligence (AI) use

We declare that ChatGPT (OpenAI) was used in the preparation of this manuscript for language editing purposes, including improving grammar, spelling, sentence structure, readability, and clarity. The AI-assisted language editing affected the relevant sections throughout the manuscript. We independently reviewed and critically evaluated all AI-assisted outputs and made the final decisions regarding their inclusion. ChatGPT was not used to generate or determine the scientific content, analysis, interpretation, conclusions, or references of the manuscript. We take full responsibility for the accuracy, integrity, originality, and final content of the manuscript.

## Ethical issues

Not applicable.

## Conflicts of interest

Authors declare that they have no conflicts of interest.

## Authors' contributions

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