

The recent crisis in WHO: What are the implications for global health policy?

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ABSTRACT

On January 20, 2025, the US decided to withdraw its support for the World Health Organization (WHO). This naturally raises questions regarding the repercussions on global health. This perspective focuses on the short-term and long-term effects on WHO, with special reference to finances, which will severely compromise WHO's ability to respond to health crises worldwide. Moreover, financial constraints will result in severe health inequities, hamper pandemic preparedness programs, and halt international collaborations. The article also examines whether private funding from philanthropic organizations could help bridge the financial gap. However, assistance from the private sector could potentially shift priorities away from health emergencies that require urgent attention. The author discusses the health consequences that US's withdrawal may have on US itself, as well as the world as a whole, with a special emphasis on India, and also suggests possible remedial measures.

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INTRODUCTION

The World Health Organization (WHO) is the health arm of the United Nations (UN), governed by the World Health Assembly, which comprises 194 member states. The Assembly meets annually in Geneva to discuss the world's health agenda. The WHO coordinates global activities to develop norms and standards, tackle health crises, combat deadly diseases, and strengthen health systems worldwide.¹ The COVID-19 pandemic showcased WHO's leadership in spearheading the global public health response against the killer disease that claimed at least 7 million lives, if not more. Notably, a vital component of WHO's pandemic response was the development and deployment of life-saving vaccines, which saved countless lives during the pandemic.²

Still, the world is plagued by numerous health challenges, ranging from antimicrobial resistance (AMR) to health hazards arising from climate change. Under these circumstances, WHO's unparalleled convening power is crucial for forging international collaborations, sharing knowledge, and implementing strategies to promote health equity worldwide. In fact, over the years, WHO has been a beacon of international cooperation, coordinating outbreak investigations, promoting scientific collaboration, establishing norms and standards, and providing invaluable technical support. All 194 member states benefit from numerous advantages, including sustained disease surveillance, strengthening of health systems, and health promotion.³

Despite WHO's unrivaled contributions to global health, the US's announcement of its withdrawal from WHO sent shockwaves across the world.⁴ The decision to withdraw support from WHO was also taken earlier in July 2020.⁵ However, that time decision was subsequently overturned. Unfortunately, the withdrawal process has been restarted and is expected to be completed within one year.

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Importance of global health systems

Global systems involving multilateral collaborations among international stakeholders are much more effective than unilateral or bilateral approaches. Some examples include international air travel, postal services, and banking, all of which involve an intricate network spanning multiple countries.^{6,7}

Similarly, global health systems are equally vital. There are numerous examples, including the International Classification of Diseases (ICD), global disease surveillance systems, and international standards for laboratory tests and food, among others. If these tasks were undertaken by each country individually, there would be duplication of work, resulting in a waste of time, money, and effort. This is why WHO was established to collect and collate data from all countries, providing a comprehensive view of the global health landscape.

Since its inception in 1948, WHO has been a focal point for international collaboration, and its unparalleled convening power has enabled it to address numerous global health challenges. It is also a trusted repository of authentic health information, benefiting humanity. With its six regional and over 150 country offices, WHO has the largest network of

health systems worldwide. It, therefore, holds a special position in shaping global health policies.

Other newer international organizations specialize in specific health sectors, including UNAIDS (HIV/AIDS), Gavi, the Vaccine Alliance (vaccines), the World Bank's Health, Nutrition, and Population (HNP) Division, and the Gates Foundation. In addition to these, the COVID-19 pandemic has given birth to the COVAX Facility, the Coalition for Epidemic Preparedness Innovations (CEPI), and the ACT-Accelerator, among others.

US's contributions to WHO

The WHO was founded in 1948 with active participation from the USA, which recognized the vital importance of a unified health body for combating global health threats.⁸ Over the years, the US has been the major funder and driving force behind WHO's activities. Between 2022 and 2023 alone, the US contributed USD 1.284 billion to the WHO.^{9,10} Additionally, the US has shared its expertise through its research institutions, public health experts, and scientists to advance the agenda of WHO. Notably, it was a major player in the COVID-19 pandemic as well.¹¹

The US's contribution to global health has been enormous, encompassing several major areas of scientific endeavor. These include smallpox, polio, TB, and malaria eradication programs, vaccine development and deployment initiatives, maternal and child health programs, and pandemic preparedness for the future, among others.³ In this context, it must be mentioned that the President's Emergency Plan for AIDS Relief (PEPFAR), launched by George W. Bush in 2003, has contributed more than USD 100 billion to the HIV/AIDS response, saving over 25 million lives globally.¹²

Controversy surrounding US's exit from WHO

Despite the US's immense contributions, its decision to withdraw from WHO came as a big surprise, as it represented a stark departure from its legacy. Since its first announcement in 2020, the US's funding to WHO has been reduced by approximately USD 400 million.¹³ This has severely disrupted vaccination campaigns and public health initiatives worldwide. In this regard, low- and middle-income countries (LMICs) have been especially affected.

Corruption within WHO, mismanagement of funds, and an unfair financial burden on the US are cited as underlying reasons for its withdrawal from WHO.⁴ However, hard facts indicate that the US's 20% share of the WHO budget is minuscule compared to its 25% share of the global GDP.¹⁴ Based on these World Bank figures, it has been argued that funding should be increased rather than decreased.¹⁵ Additionally, an Executive Order released by the White House on January 20 this year,¹⁶ hints that it doesn't want to be tied down by rules, norms, and legally binding obligations, all of which are integral parts of WHO standards. The US's reluctance to be a multilateral player in WHO could also stem from its dominance being increasingly challenged by emerging superpowers like India and China.¹⁷

Consequences the US may face on its exit from WHO

Withdrawal from WHO would likely cause some impacts on US itself (Table 1). The US will no longer have any say in shaping global health policies or participating in negotiations concerning important global health issues, such as the pandemic accord and revision of the International Health Regulations (IHR), both of which are essential for enhancing global preparedness and coordinated response to emerging pathogens. Moreover, it will lose its voice on pressing challenges, such as achieving the health-related Sustainable Development Goals (SDGs).¹⁸ Additionally, the repercussions of the US's exit are already being felt by national agencies, such as the Centers for Disease Control and Prevention (CDC), which are unable to forge collaborations or freely exchange health information with the rest of the world.

Consequences of US's exit from WHO on global health

Similarly, a few potential global health consequences of the US's exit from WHO are also predicted (Table 2). Firstly, the US's exit will likely lead to long-term financial instability for WHO. This will disrupt vital programs, including vaccination campaigns, maternal and child health initiatives, and responses to global health emergencies. These initiatives are the lifelines for the common man and contribute significantly to reducing global health inequities in accordance with the SDGs.¹⁹

There is also the possibility of political power imbalances in global health. Notably, the US's stance highlights that national interests could potentially supersede international interests in safeguarding global health. The looming danger is that other countries with strong economies could follow suit. In the long term, reduced funding, weakened leadership, and fragmented commitments will likely undermine global health governance. Under such circumstances, the entire WHO framework could collapse in a worst-case scenario. Therefore, the US's decision highlights its fickle foreign policy and the vulnerability and fragility of international organizations that rely heavily on monetary contributions from rich donors. This,

Table 1: Consequences of US's exit from WHO on itself

<i>Positive consequences</i>	<i>Negative consequences</i>
Reduced financial pressure through withdrawal from multilateral systems	Not receiving valuable technical guidance from WHO
	Reduction in access to global health services, including WHO's disease surveillance network
	Losing global health leadership in US-led health initiatives
Greater funding for domestic projects	Re-emergence of vaccine-preventable diseases due to lack of international collaboration
	Clash with allied countries favoring multilateral collaboration

Table 2: Consequences of US's exit from WHO on global health

<i>Positive consequences</i>	<i>Negative consequences</i>
'Wake-up call' for sustainable capacity development for multilateral cooperation	Funding challenges for global health initiatives, especially in low-income countries
	US's forfeiture of influence on global health policies
	Increased global health inequities
	Reduced pandemic preparedness
	Reduced trust of the global community in the US's commitments

in itself, is an educational learning curve for WHO to make necessary course corrections.

Most importantly, US's decision will endanger the lives of innocent people worldwide because it withdraws not just from the bureaucratic machinery of WHO, but from a reputable global organization that caters to the health needs of everyone, everywhere, without discriminating between caste or creed, men or women, rich or poor, young or old, among many other differentials.

Could private funding bridge the financial gap?

The financial void created by the US's withdrawal could be filled, at least to some extent, by private philanthropic organizations, such as the Gates Foundation, based in Seattle, USA. Notably, this was the third-highest donor, following the US and Germany in 2022-2023 regarding voluntary funding.²⁰ Having said this, the flip side of private funding is that there may be less transparency in financial issues and conflicts of interest in setting priorities. There is a risk of a shift in global health decision-making by wealthy donors that may not adequately address the needs of the people, especially those living in LMICs.^{21,22} Moreover, private donations could lead to the commercialization of patient care, accompanied by a lesser focus on initiatives to strengthen public health infrastructure, which has traditionally been supported by public funding.²³ Therefore, the changed funding patterns could result in uncertainty regarding who will fund what, which is likely to impact health governance.

What impact could US's exit from WHO have on India?

India is now a leading world power and a force to be reckoned with. It is an emerging economy with a relatively robust healthcare infrastructure. However, as a part of the global community, it remains vulnerable to global health threats, particularly those from emerging pathogens that don't respect international borders. A glaring example is the recent COVID-19 pandemic.

As already discussed, the US provided the lion's share of monetary support to WHO. However, under the changed circumstances, reduced funding could impact India's health programs, research collaborations with the US, and access to essential life-saving medicines and vaccines. Important public health programs like HIV/AIDS, TB, and malaria are

likely to be negatively impacted. This will particularly hamper India's progress in its fight against these dreaded infectious diseases. Clinical trials of US drugs in India could also come to a halt. Moreover, pandemic preparedness initiatives are likely to take a back seat on India's health agenda.

The strengthening of health systems in India will also be affected, given that financial and technical support from WHO will be curtailed. This will have negative effects on vital public health programs, such as the National Health Mission (NHM), Universal Immunization Program (UIP), National Vector Borne Disease Control Program (NVBDCP), Integrated Disease Surveillance Program (IDSP), *Ayushman Bharat, Janani Shishu Suraksha Karyakram (JSSK)*, *Rashtriya Kishor Swasthya Karyakram (RKSK)*, and *Rashtriya Bal Swasthya Karyakram (RBSK)*, among many others. On top of this, India could face an increased financial burden due to increased pressure to provide more monetary support to WHO to fund its health activities.

Having said this, India is held in high esteem globally for its resilience and ability to spring back, despite tremendous international pressure. Hence, we may be optimistic that India will do the same in this crisis, too.

The way forward

There are essentially three ways by which WHO can be supported in this hour of crisis:

Changing the narrative

Formal establishments, such as public health organizations, researchers, and civil society, should lend their voices in support of WHO and its vital role in spearheading global health initiatives. Given that America is the root cause of this sorry state of affairs, the onus lies with American scientists to troubleshoot the problem. Scientists in the government and private sectors should advocate and emphasize the long-term benefits of retaining WHO membership to the American population. Since public health in the US falls within the purview of the federal government, state leaders, the media, civil society, and other stakeholders should sensitize the policymakers about the immense damage that would occur to health systems in America and abroad. This is likely to catalyze policy changes that could lead to the eventual reversal of this decision by a future government, if not the present.

Addressing monetary problems

Since the US's exit has created a financial vacuum, there is an urgent need to fill the gap as soon as possible. In this regard, a stop-gap arrangement could be adopted to fill the void. Wealthy European countries, such as the UK, France, Germany, and Switzerland, could be encouraged to contribute to help alleviate the financial crisis.

Exchanging scientific knowledge

Given that official US cooperation may be difficult to obtain, informal methods for maintaining scientific connectivity

through the exchange of ideas may be explored. Many US research organizations maintain ongoing cordial relations with WHO through their WHO Collaborating Centers, which are located in hospitals, research institutes, laboratories, universities, and other educational institutions across the country. These US-based WHO Collaborating Centers and other sympathetic organizations could act as intermediaries to facilitate collaboration between US scientists and their global counterparts.

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