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Trump's Executive Order Impinges WHO Ops

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The United States has announced its withdrawal from the World Health Organization (WHO), a move that raises significant concerns due to the US being its largest donor, contributing nearly 18 per cent of the funding. This decision creates a major funding gap for the WHO. What immediate actions will the organisation and its member states take to address this shortfall, and how might it reshape the global leadership landscape in health governance? Let's find out.



Soon after being sworn in as the 47th President of the United States, Donald Trump signed an Executive Order to withdraw the US from the WHO, citing its mishandling of COVID-19, its failure to adopt urgently needed reforms, and its inability to demonstrate independence from the inappropriate political influence of WHO member states. This marks the second time President Trump has announced such a move, the first being during his first term in 2020, but President Joe Biden halted that decision.

Although there are still technical hurdles, countries cannot withdraw from the WHO until a year after giving official notice. Nonetheless, this has created a degree of tension for the WHO, and experts are concerned about the potential consequences. The United States, as the largest donor and key partner, plays a crucial role in funding WHO operations through both assessed contributions and voluntary funding. In the 2022–2023 biennium, the US contributed $1.284 billion, enabling the WHO and its partners to respond to emergencies, prevent disease threats from spreading, and advance vital global health priorities.

“Firstly, it’s not clear what the US withdrawal means. The administration’s disregard for the rule of law means it might not matter, but it is unclear whether the US can withdraw its membership and assess contributions. Voluntary contributions and coordination can and have been cut off, which will undermine both WHO’s capabilities and US soft power,” said **Dr Scott L Greer, Professor of Health Management and Policy, Global Public Health and Political Science at the University of Michigan School of Public Health, Ann Arbor, USA, and Senior Expert Advisor on Health Governance to the European Observatory on Health Systems and Policies, Brussels, Belgium.**

The WHO receives its funding from two primary sources: assessed contributions from member states, which are based on a percentage of each country’s gross domestic product (as agreed upon by the United Nations General Assembly), and voluntary contributions from member states and other partners. The US provides 18 per cent of the WHO's overall funding, combining both voluntary and assessed contributions. WHO’s most recent two-year budget, reportedly, is $6.8 billion.

This funding structure was a key point of contention in this exit from the WHO. The order argues that the US's member dues—ranging from $100 to $122 million over the past decade, the highest of any member—are 'unfairly onerous' and disproportionate to those of other countries. For example, while China's assessment is similar to that of the US, its population is four times larger. In addition to its assessed contributions, the United States has provided substantial voluntary funding, contributing nearly $1.3 billion for the 2022-2023 biennium.

China or Europe?

There is a possibility that other member nations, particularly high-income and upper-middle-income countries, as well as philanthropic foundations, will increase their donations to help cover the shortfall left by the American withdrawal. Experts are closely watching China and Europe, as they are seen as key players who may step in to fill the funding gap left by the US.

"The likeliest outcome of a US departure is a WHO-led by Europeans. European countries and the EU make up a large part of its assessed and voluntary budget already and have a clear commitment to WHO and multilateralism as seen in their Global Health Strategy and Council Conclusions on global health. Whether Europe can and will add enough financial resources and collaborative resources such as science to make up for the US absence remains to be seen. It is a huge opportunity for any country that wants to step in and lead WHO by making up for the gap left by the United States," said Dr Greer.

Echoing similar sentiments, **Lakshmy Ramakrishnan, an Associate Fellow with ORF's Centre for New Economic Diplomacy, India** said, "Member states such as Germany or China could step up to fill the void. The void could also be filled by philanthropies. However, it will be highly unlikely for a single major philanthropy to address the funding gaps, expertise, and technical workforce that the US brought into the WHO. A consideration to remember is that the US has ceased funding to other organisations as well - notably, the dismantling of USAID. This means that - at a global level - an appraisal of global health priorities as well as resource allocation would need to take place before countries and philanthropies can take a call on contributions to the WHO."

Opportunity for the Global South?

There has been a long-standing notion that emerging economies could increase their contributions to multilateral development organisations. In this case, the US withdrawal from the WHO serves as an opportunity for BRICS and the Gulf countries to fill this vacuum (financially and in terms of global health leadership). Public health experts from member states can be sent to support the WHO as well to fill in the technical expertise and workforce gaps. This would only strengthen global health collaborations.

"The upheaval in global health could serve as an impetus to reshape global health where the voices of the Global South can come into the foray. The US has consequently withdrawn from the talks on the pandemic treaty. Aside from the need for structural reforms (transparency and accountability) within the WHO, issues outside of WHO including vaccine hoarding, inequity, the lack of support for a TRIPS waiver during the pandemic, and issues on the sharing of biological data still need deliberation and negotiation," said Lakshmy.

It also brings up an opportunity for Global PPPs (like Gavi) to take a more pronounced and proactive role in global health governance. Their efforts have already been recognised but we may be heading towards an era of lesser dependence on traditional international organisations (e.g. WHO) for catering to our health needs. Again, it is not unclear how this will pan out since the WHO is a nodal point for surveillance, etc.

"Health efforts also form a part of diplomacy and this is often overlooked in world politics. Especially in times when conflicts and naturally occurring disasters and outbreaks are occurring, health assistance is a valuable diplomatic tool. It forms a part of countries' security architecture. So, another line of thought is that regional blocs could have more of a proactive role in acting as regional health security providers. For instance, the African CDC declared the recent mpox outbreak as a public health emergency before the WHO declared it as a PHEIC. In similar ways, the EU, India in South Asia, and Australia in the Indo-Pacific can strengthen their collaborations on tackling health threats. Regional health security agendas in a multipolar world could be fostered. This would be vital as tackling (cross-border health threats) emerging and re-emerging infectious diseases and neglected tropical diseases require a One Health approach and this requires sustainable collaborative efforts," said Lakshmy.

It wouldn't be out of place to revisit why the WHO was formed and to what extent it has succeeded in its objectives without compromising on medical ethics, political upheavals, socio-economic impacts and conflict of interest/s in forming global policies. President Trump's decision could be debated by experts, both pro and against this historical move, but, as with any organisation, such events could be a trigger for a rejig of WHO's operations, policies and cherished objectives.

While the WHO is not without flaws, its success in eradicating diseases like smallpox, polio, and others highlights the crucial need for global cooperation. Diseases don’t recognise borders, and it’s imperative that countries rise above politics to safeguard the healthcare of millions worldwide.

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