

# Study Guide

**Week 23**

The WHO's new position  
in the international  
sphere

## 1) Background Information

The World Health Organization, founded in 1948, is at the center of global public health and a United Nations agency that organizes and recommends how health issues must be addressed. The World Health Organization has recently faced challenges in funding, the health emergency of COVID-19, and the withdrawal of the United States from the organization. Thus, the WHO has seen a new position in the international sphere.

More specifically, new alternatives to funding are sought, retaining a focus on impartiality and sovereignty. Additionally, potential changes in representation and other organizational elements are desired to alleviate inequality in decision-making and dominance in power by certain states or regions. Furthermore, the legal enforceability of the organization can be discussed in not only the measures the World Health Organization takes, or recommends, but also in sanctions and state membership, including the withdrawal from the organization. Moreover, especially in light of the COVID-19 pandemic, collaboration among members of the World Health Organization, as well as cooperation with external agents such as corporations or non-governmental organizations, may need to be increased. Lastly, ethically tackling public health problems involves the World Health Organization focusing on inclusivity, equality, and care for society and different groups of people.

## 2) Key issues

### 2.1) Financial Resources:

- Funds have raised issues for the World Health Organization (WHO), as the highest-contributing parties have reduced their investments. The recent withdrawal of the United States from the WHO has further complicated the financial side of the organization. Since the US has been a major contributor to the budget of the WHO, its withdrawal has caused the WHO not to have sufficient funds and to, consequently, attempt to reduce costs. In this way, fewer and less significant priorities can be put forward for the WHO, as the lower limits for spending may shift the goals to prioritize necessity. The WHO is stated to be aiming for survival, as, for example, staff contracts at the organization are receiving one-year limits (Reuters 2025).

- Furthermore, even if the funding shortage is sourced from other sources, such as larger contributions from countries or the involvement of private parties, the perspective of the WHO may be caused to change. The additional financial contribution from private parties, which already takes place through substantial voluntary funding efforts, may make the WHO more oriented toward the large corporations or singular philanthropists that may assist. Although the principles of a United Nations (UN) body are unlikely to be drastically altered through private parties, potential marginal influence may arise and, at least, could raise concerns in the public sphere. On the contrary, it could be argued that the diversification of sources of funding may make the financial side of the WHO more consistent and reliable (Reuters 2025).
- Moreover, even prior to the withdrawal of the US from the WHO, the organization desired to focus its financial resources in countries, especially those that are helped the most. Thus, the Geneva headquarters in Switzerland and the central authority of the WHO may see a transformation not only in terms of financial but also executive influence. This raises the question of how influence must be distributed within the WHO (Reuters 2025).

## **2.2) Organization:**

- Connected to the financial considerations of the WHO and a possible move toward more decentralization within the organization, the weight of each WHO region may be improved. Despite having six regional offices, the WHO Director-General position has not been held by a figure from every regional office. In this way, a lack of representation may be raised as a concern, especially considering a historically more Western perspective of the WHO (World Health Organization n.d.). However, in recent years, Western powers have cited the opposite and stated that a rise of non-Western influence within the organization can be seen. Such criticism has coincided with the US aiming to have an American WHO Director-General and, at the same time, withdrawing from the organization (Reuters 2025).
- Instead, a structure for the mandatory rotation of the Director-General may be initiated, as the UN Security Council has presidency rotations. Similarly, the WHO could consider a balanced representation of all regional offices in the executive organs of the WHO, such as the World Health Assembly, and no Western power domination in the WHO Executive Board. In addition, the decision-making power of WHO regional offices could be increased, since such power is small and because the main WHO headquarters are left with the discretion to decide the most critical issues. Giving more authority to regional offices could improve the efficiency of the WHO. Finally, higher levels of transparency may need to accompany further action in the organization of the WHO.

## **2.3) Legal Authority:**

- The main legal problem facing the WHO is how enforceable the organization and its decisions are. The WHO follows the legally binding International Health Regulations safeguarding public health. Nevertheless, national sovereignty is mostly protected, and international public health measures are not taken when contrasting the

independent decision-making of countries. The current WHO legal authority does not guarantee that the WHO will supersede national decisions. However, more strict enforcement through cooperation may be argued to promote adherence to international agreements and collectively help the public health cause. Such notions have emerged after the COVID-19 pandemic, which had elements of international actions, but was decided by smaller international bodies or states. More possibilities for an accountability framework could make the WHO more efficient but are difficult to implement as countries are unlikely to give away their sovereignty (AP News 2025).

- Meanwhile, mainly operating under the recommendation-based approach allows the WHO not to have legal responsibility for action or inaction during public health situations. Yet, it could be argued that little legal responsibility could be attributed to the WHO even if the organization took binding action, as the composition of the WHO (194 states) and the fact that the WHO is a UN body, would make it difficult for such responsibility to exist (United Nations 1947).
- In addition to the possibility of introducing sanctions or other ways of accountability in cases of public health concerns, the legal enforceability aspect may require addressing the membership question. The conditions for countries (such as the US) to withdraw from the WHO and legal authority may appear important due to further financial implications (Just Security 2025).

## **2.4) Global Cooperation:**

- Such recent global concerns as the COVID-19 pandemic have shown the potential need for better international coordination and how the global community responds to public health crises. Thus, increased WHO cooperation both internally and externally with private and public parties may be necessary so that future emergencies are treated more effectively. The WHO may work more with non-governmental organizations, as well as boost how closely nations within the WHO operate with one another amid global health concerns (fundsforNGOs 2024).

## **2.5) Ethical Administration:**

- As a core principle of the WHO, ethical health governance is asserted. Therefore, regarding the future perspective of the WHO, the organization must improve its work toward more ethical health outcomes for people around the world. Further policies must mention overall improved health systems, more equality in health systems, more availability of health care, and how better social circumstances can prevent possible health issues. Yet, the WHO may need to take a broader approach to tackle some of the issues, and the question of conceding national sovereignty may arise (E-International Relations 2024).

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# **3) Major Stakeholders**

## **3.1) United States (former member)**

The United States, a founding member of the World Health Organization, has played a key role in shaping global health policy. Until its recent withdrawal, it was the largest contributor to the WHO budget, donating approximately \$1.28 billion for the 2022-23 period, primarily through voluntary contributions. Under President Trump's directive in 2020, the U.S. briefly exited the WHO which, later reversed under Biden, highlighted significant shifts in policy. The decision to exit *again* in 2025 due to WHO's perceived failures in its COVID-19 response and other crises, along with a perceived lack of urgent reforms and independence from the Chinese Communist Party, President Trump announced a withdrawal, has sparked significant international debate over the U.S.'s commitment to global health (and security).

### **3.2) Germany**

Germany stands as the second largest donor to the World Health Organisation, contributing around \$856 million in the 2022-23 fiscal year. Germany's contributions are not only financial; they also include active participation in research, policy development, and coordinated international efforts. For example, German support has been instrumental for the WHO's Emergency Response Fund and the Global Influenza Surveillance and Response System (GISRS), which monitors viral outbreaks around the world. In addition, Germany has led the One Health approach by financing projects that address antimicrobial resistance and zoonotic disease surveillance.

### **3.3) Bill and Melinda Gates Foundation**

The Bill and Melinda Gates Foundation, with an endowment exceeding \$50 billion, has invested billions into combating infectious diseases and strengthening health systems worldwide, notably having supported the Global Polio Eradication Initiative. In recent years, it allocated nearly \$1 billion annually toward initiatives such as vaccine development, malaria eradication, and COVID-19 response efforts.

Potential tea ? [Bill Gates Calls India A "Kind Of Laboratory To Try Things", Faces Backlash](#)

[False claim: Bill Gates faces trial in India for testing vaccines on children | Reuters.](#)

### **3.4) Gavi**

Gavi, the Vaccine Alliance, is a public-private partnership that has transformed immunisation efforts in low-income countries since its inception in 2000. Annually, it mobilises financial resources exceeding \$1 billion. It has helped immunise over 1.1 billion children in 78 lower-income countries (almost 69 million in 2023 itself), preventing an estimated 14 million deaths. Through initiatives like Advance Market Commitments, Gavi has accelerated access to critical vaccines—including those for pneumococcal disease, rotavirus, and HPV—by guaranteeing affordable pricing for emerging manufacturers.

### **3.5) European Commission**

In 2022–23, EU member states, coordinated by the Commission, contributed over €1 billion to WHO efforts. The EC has also headed several high-impact health projects,

including its flagship EU4 Health initiative, which boasts a €5.3 billion budget for 2021–27 to enhance health system resilience, crisis preparedness, and cross-border threat management. It further supports innovative research through Horizon Europe—uniting over 100 institutions across the continent—in areas such as vaccine development, digital health, and emerging disease control, while the European Health Data Space facilitates secure data sharing to improve disease surveillance and inform public health decisions. Additionally, the Health Emergency Preparedness and Response Authority (HERA) coordinates rapid, collaborative responses to health crises.

### 3.6) World Bank

The World Bank is also a major financier of global health initiatives, having allocated more than \$40 billion to health projects over the past decade — with financing for health-related programs exceeding \$10 billion in 2022 alone. Its Health, Nutrition, and Population (HNP) Global Practice focuses on reducing maternal and child mortality, combating infectious diseases, and enhancing pandemic preparedness, while additional initiatives include Primary Health Care Development projects in sub-Saharan Africa and the COVID-19 Strategic Preparedness and Response Program.

### 3.6) China

China has emerged as a significant global health stakeholder, contributing both financial and technical support to WHO initiatives. In 2022-23, it contributed \$180 million while investing in pandemic preparedness, disease prevention, and sustainable health systems. Its efforts include expanding vaccine manufacturing capabilities, upgrading regional health infrastructure in Africa and Southeast Asia, and funding infectious disease research collaborations. Additionally, China advanced the health component of its Belt and Road Initiative and invested in digital health projects to enhance telemedicine and emergency responses. Notably, China's preference for direct bilateral engagement— as seen during COVID-19 when only about 7 million of 239 million vaccine doses (3%) were provided through COVAX—contrasting with the US and EU approaches, indicates it is not interested in filling the funding gap left by the US withdrawal.

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## 4) Sources:

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