

The U.S. Exit from WHO

Posted at: 05/02/2025

The U.S. Exit from WHO: A Challenge or an Opportunity?

Context

On **January 20, 2025**, the **United States government** issued an executive order to withdraw from the **World Health Organization (WHO)**. This decision has raised significant concerns due to its potential impact on WHO's funding and global health programs.

However, instead of focusing only on the negative aspects, it is essential to examine the broader picture:

- **Why does a single country's exit from WHO create global concern?**
 - **How can this situation be turned into an opportunity to strengthen WHO?**
 - **Why should Asian and African nations take a greater role in global health governance?**
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Understanding WHO's Funding System

To assess the impact of the U.S.'s withdrawal, it is crucial to understand WHO's financial structure, which is based on two main funding sources:

1. Assessed Contributions (ACs)

- **Mandatory payments** from member states, similar to a membership fee.
- Provide **stable funding** for WHO's core functions.
- Used to **pay permanent staff salaries** and maintain **day-to-day operations**.

- The **U.S. cited a disproportionately high AC** as a reason for withdrawal.

2. Voluntary Contributions (VCs)

- **Additional donations** from member states and private organizations.
 - Typically **allocated to specific projects**, such as polio eradication or antimicrobial resistance.
 - **Unpredictable and time-bound**, limiting flexibility in fund utilization.
 - U.S. withdrawal will likely **reduce VC contributions from U.S.-based donors**.
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The Need for WHO Reform

Some critics argue that WHO is **bureaucratic, slow, and in need of urgent reforms**. While there may be some truth to this, WHO has played a **crucial role in global health** for over **75 years**.

WHO must be strengthened to address emerging health challenges such as:

- **Antimicrobial resistance**
 - **Climate change and global warming**
 - **New and re-emerging infectious diseases**
 - **Rising lifestyle-related illnesses**
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The Role of Strong Institutions in Global Health

In their book *Why Nations Fail: The Origins of Power, Prosperity, and Poverty*, economists **Daron Acemoglu and James A. Robinson** (awarded the **Nobel Prize in Economics in 2024**) emphasize that nations thrive on **strong institutions**. This principle applies to global organizations like WHO.

However, recent trends have shown:

- **Hyper-nationalism** is weakening international cooperation.

- Many high-income countries are prioritizing "**Nation First**" policies.
 - **Multi-country alliances like G7 and G20** may not fully compensate for the U.S.'s withdrawal.
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Bridging the Global Health Funding Gap

One major issue in global health is the **unequal distribution of resources**. Diseases affecting low-income nations often receive **less funding and attention**, unless they impact high-income countries.

Example: mpox (formerly monkeypox)

- **Long prevalent in African nations**, yet it gained global attention only when cases appeared in wealthy countries.
 - **Vaccines and treatments** remain **scarce in Africa**, while being **widely available in the U.S.**
 - Highlights how **high-income countries dominate the global health agenda**, often widening health inequities.
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Steps for the Global South to Strengthen WHO

1. Financial Contribution and Leadership

- **Asian and African nations must fill the funding gap** left by the U.S.
- **BRICS nations (Brazil, Russia, India, China, South Africa)** can play a crucial role.

2. Investing in Global Health Expertise

- Countries such as **India, Ethiopia, and Ghana** should train experts in **global health governance**.
- Investing in expertise will **reduce dependency on high-income nations**.

3. Establishing Regional Global Health Institutes

- **Joint efforts to create regional health research and training centers.**
- Ensures **locally trained experts** are available for future global health crises.

4. Decentralizing WHO Headquarters

- **WHO should move key divisions to regional offices in Brazzaville (Congo), Cairo (Egypt), Manila (Philippines), or New Delhi (India).**
- Would **reduce operational costs** and shift focus to **high-need areas**.

Conclusion

While the **U.S. may rejoin WHO** in the future, its withdrawal presents a **unique opportunity** for the global south to reshape global health governance.

Instead of allowing WHO to remain **dependent on high-income nations**, developing countries **must step up, contribute financially, and build technical expertise**.

Global health should be a collaborative effort, ensuring equitable representation and decision-making for all nations—especially those in Asia and Africa.

