

The Future of the World Health Organization

Executive Summary

The World Health Organization (WHO) works to serve the world by promoting the highest equitable health standards to as many people as possible (WHO, 2025). The future state of the WHO is in question within the United States due to concerns from the United States that the WHO is not meeting the standards it claims it will. Potential shifts in policy should be addressed to determine the WHO's role in U.S. health programming.

Introduction and Defining the Problem

In 1948, the WHO was established to “coordinate the world’s response to health emergencies, promote well-being, prevent disease and expand access to health care” and currently consists of 194 member states (World Health Organization, 2025). The question of whether the World Health Organization (WHO) should exist in the future is a moral one. Spearheaded by several prominent nations, WHO's primary goal is to promote the highest equitable health standards to as many people as possible across the globe (World Health Organization, 2025). Focused primarily on third-world countries, WHO programs include reproductive education, vaccinations, outbreak management, and mobilizing international efforts to reduce the spread of virulent diseases (e.g., COVID-19).

The United States (US) has played a pivotal role in advocating for global health security and eradicating diseases (World Health Organization, 2025). Recently, the US has declared that they are withdrawing fully from WHO due to the perceived mishandling of the COVID-19 pandemic response, inequitable fees paid to WHO from other participating member nations, and because the WHO has not demonstrated operational independence from participating member nations (Exec. Order No. 14155). Thus, the US withdrawal from the WHO will result in a significant financial, diplomatic, and influential gap (Brownstein, 2025).

The future of the WHO, and all global programs charged by the WHO, have been called into question insofar as suggesting that the world will likely see an increased risk of public health emergencies due to the lack of funding from the US (Brownstein, 2025; Finch, 2025; Jha, 2025; Paun, 2025). Furthermore, the WHO will not be sending the US information about future outbreaks, and the US will not be a part of helping the WHO stop the spread of future diseases (Brownstein, 2025). Calls for reform of organizational structure and policies within the WHO have also been made to improve overall organizational effectiveness (Jha, 2025).

Approaches/Policy Options

Option 1 - Proceed with Status Quo

The WHO has already launched fundraising efforts, frozen hiring efforts, reduced travel, and restricted technology purchases since receiving notice from the US. The WHO has also considered raising membership fees to compensate for the financial gap (Paun, 2025). No action taken will allow the WHO to audit internal budgets, organizational effectiveness and gauge the scale of their future global impact.

Option 2 - Improving the Governance of WHO

By reforming governance and improving response mechanisms, assurances will exist for the WHO to remain an effective global health leader. Due to the United States' belief that the WHO did not handle the COVID-19 pandemic in an appropriate manner (Exec. Order No. 14155), the US will seek to have the U.S. Surgeon General serve as a member of the leadership team at the WHO with direct oversight of the disease outbreak response. Additionally, the leadership of the WHO should be restructured to include a leadership team composed of representatives from all countries that belong to the WHO. A new leadership mandate should examine aligning mission, vision, and goals with past and present operations.

Option 3 - Revise Funding Structure to Enhance Operational Independence (Recommended)

Out of all the participating member states that comprise the WHO, the US pays almost a quarter of the WHO's annual budget, which is significantly more than any other participating member state (Finch, 2025). Jha (2025) reports that outside donors can contribute to WHO, ultimately influencing global health agendas. Thus, more transparency is needed when accepting donations from non-participants. Members' agendas should be prioritized, and perhaps the amount of participant funding should be linked to organizational influence; the more fees paid by participant members, the more decision-making power a nation has in global health securities. Another funding option could be a funding structure based on a country's population. The more populous a country, the more funding it will pay. Being so reliant on one country creates intercountry fighting over the power they hold within the WHO.

Conclusion

A future ought to exist with the WHO as an important global institution. Enhancing operational independence should include an audit of organizational governance and funding structures. Thus, a blend of options 2 and 3 is recommended to safeguard against future organizational disruptions. By enhancing independence, increasing transparency, improving collaboration, streamlining governance, and prioritizing state agendas, the WHO will be better situated to manage global health emergencies and future pandemics.

Implications

The US has the capacity to leverage influence over the WHO's organizational effectiveness. By withdrawing from the WHO, the US surrenders any influence to improve global health security and achieve the health impact it seeks.

- If the WHO establishes a willingness to be reflective on current and past operations, then a re-alignment of global health goals will take place
- If organizational structures are reviewed and readjusted by an Inspectors General, then the WHO signals a commitment to member participants
- If financial independence is strengthened, the WHO will operate without excessive political influence, allowing decisions to be based on scientific evidence instead of geopolitical considerations

- If the implementation of guidelines for data-driven reporting and transparency were increased, it would restore credibility and offer timely coordination of outbreaks

Recommendations

1. Secure mandatory baseline funding commitments from member states to stabilize the Organization's financial base.
2. Increase collaboration with health organizations to improve crisis response and coordination.
3. Implement a data-driven decision-making framework.
4. Seek and appoint a Surgeon General to oversee outbreak responses.
5. Establish equitable leadership appointments within the WHO governance and re-affirm a leadership mandate that examines alignment of outward operations with the overall mission, vision, and goals of the WHO.

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