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Q2(b)

The withdrawal of the United States of America from the World Health Organization is set to have far-reaching impacts on global health. Reimagining the existing WHO is vital for the global health agenda. Discuss

UPSC Civil Services Mains 2025 · PSIR GS 2 · 15 marks · India and the Global South

India and the Global South: Relations with Africa and Latin America; leadership role in the demand for NIEO and WTO negotiations.

Core demand of the question

- State what a U.S. withdrawal from WHO does to money, legitimacy and emergency response
- Show why reimagining WHO is on the agenda (COVID, IHR, equity, geopolitics)
- **Discuss reforms:** finance, governance, equity, One Health - without pretending a new UN is easy

Revision summary

A U.S. exit from WHO cuts funds, programmes and legitimacy and pushes health into unilateral and philanthropic patches.

COVID-19 already showed weak IHR compliance, earmarked budgets and vaccine inequity.

Reimagining means unearmarked dues, a fairer pandemic accord, One Health and regional manufacturing.

China-filling-the-gap politics and anti-UN populism are part of the shock, not a side issue.

India needs both sovereignty over health data and a standing rules forum for the next pathogen.

Introduction

- **The World Health Organization is the UN system's health steering wheel:** norms, International Health Regulations, naming of emergencies, and a thin budget that still shapes what poorer states can do. A **United States withdrawal** - threatened in the first Trump term, reversed under Biden, and reopened as high politics in **2025** - is therefore not a clerical notice. It is a shock to global health as a public good.

Body

Far-reaching impacts

The United States has been among WHO's largest funders, especially through **voluntary** earmarked money. Exit shrinks outbreak surveillance, polio and HIV programmes, and the political cover for **COVAX**-style equity. It also invites a **China**-centred narrative of filling the chair, which Washington itself fears. During COVID-19, vaccine nationalism and fights over origin-tracing already damaged trust. A second American walkout, even if legally staggered, tells others that health multilateralism is optional. States then hedge with unilateral deals,

philanthropic vertical funds, and national stockpiles - a patchwork that fails at the next novel pathogen.

Withdrawal also hits **legitimacy**. WHO's power is mostly expert and convening, not coercive. If the largest Western democracy treats it as an enemy of sovereignty, anti-vaccine and anti-UN politics elsewhere gain a script. Developing countries that used WHO as a shield in TRIPS-waiver and pandemic-treaty talks lose a forum.

Why reimagine, not only mourn

COVID-19 exposed late alerts, a weak **IHR (2005)** compliance machinery, chronic underfunding of assessed contributions, and a governance board that mixes science with P5 geopolitics. Africa's vaccine-manufacturing gap and India's later vaccine diplomacy both showed that WHO cannot be a charity window for the North. **Reimagining means: higher unearmarked dues so the Director-General is not a grant-chaser; a functioning pandemic accord with real benefit-sharing of pathogens and products; One Health links to FAO and UNEP on spillover; regional manufacturing hubs; and a dispute path that does not collapse when great powers sulk.**

- **India's interest is dual:** protect sovereignty over data and traditional medicine claims, and keep a rules forum so that the next lockdown is not a rich-state cartel. A Global South-sensitive WHO is part of the same argument as a Global South-sensitive globalisation. Salvage is possible without pretending Geneva can replace national public health. The organisation must become harder to exit and fairer to stay in.

Flow diagram

US withdrawal -> Money and legitimacy
US withdrawal -> Geopolitical vacuum
Reimagine WHO -> Assessed finance
Reimagine WHO -> Equity and IHR
Reimagine WHO -> One Health

Conclusion

U.S. withdrawal punches WHO's purse and prestige. Reimagining - finance, equity, IHR teeth, One Health - is how the rest of the membership keeps a global health agenda from becoming a great-power leftover.

Facts & figures

IHR 2005

Legally binding WHO instrument on detecting and reporting public-health emergencies of international concern.

Funding mix

WHO depends heavily on voluntary earmarked contributions; assessed dues are a small share, which magnifies a U.S. walkout.

Trump-Biden-2025

Withdrawal was initiated, reversed, and returned as a 2025 debate - proof that WHO is now a partisan U.S. foreign-policy object.

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